Cote d'Ivoire

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Program Description:

Cote d'Ivoire is slowly progressing toward political stability and elections after a five-year civil crisis that divided the country, impoverished the population, and decimated health and social services. About half of the population of 20 million lives in rural areas with high illiteracy rates; a similar proportion survives on less than $2 a day. According to Cote d'Ivoire's Poverty Reduction Strategy (2009)), "Côte d'Ivoire has been weakened by a break in social cohesion, increasing insecurity, a slowdown in economic development, massive youth unemployment and the spread of poor governance." According to the World Bank Governance Matters 2009, Côte d'Ivoire fell from the 41st to the 7th percentile in government effectiveness and corruption control between 1998 and 2008. Despite these systemic issues, the country remains a regional economic and migratory hub.

While antenatal sentinel surveillance suggests a possible decline in HIV prevalence over the past 10 years, Cote d'Ivoire has the highest adult HIV prevalence in West Africa, estimated variously at 4.7% (AIDS Indicator Survey (AIS), 2005) and 3.9% (UNAIDS, 2008). Both HIV-1 and HIV-2 are prevalent. Available data describe a generalized epidemic marked by striking gaps in prevalence rates between men and women and among geographic areas. In all age groups, females are far more likely than males to have HIV (6.4% vs. 2.9% overall, 4.5% vs. 0.3% among ages 20-24) (AIS, 2005). Prevalence rates peak among women ages 30-34 at 14.9%. Low male prevalence may be explained in part by near-universal (96%) circumcision. Geographically, prevalence is marginally higher in urban settings and markedly higher in the South and East (5.5% or higher) than in the Northwest (1.7%).

The epidemic is characterized by early sexual debut, intergenerational and concurrent sexual partnerships, weak knowledge about HIV, and low condom use. Populations at high risk include sex workers, men who have sex with men (MSM), sero-discordant couples, the uniformed services, economically vulnerable women and girls, long-distance truckers, migrants, and orphans and vulnerable children (OVC). Among 480,000 adults and children with HIV/AIDS, about 190,000 are estimated to be in need of antiretroviral treatment (ART) (UNAIDS, 2008). HIV-related OVC are estimated to number 540,000, including 52,000 children living with HIV (UNAIDS, 2008). Tuberculosis (TB) is the leading cause of AIDS-related deaths; about 38% of TB patients test positive for HIV.

While a mid-term review of the HIV/AIDS National Strategic Plan (2006-2010) indicates greatly expanded access to prevention, care, and treatment services, the national HIV/AIDS response is limited by poorly equipped and under-staffed health and social services. At 5%, the national budget allocation for health is far from the African Union Abuja Heads of State commitment of 15%. Governance and coordination weaknesses are exacerbated by political in-fighting as the Ministry of AIDS (MLS) and Ministry of Health (MOH) struggle to clarify their roles. Human resources for health (HRH) remain a barrier to service scale-up. A series of HRH assessments found limited staff (11,749 health care workers for 18.7 million people in 2006), high attrition (24% among nurses, 20% among physicians), limited public-sector ability to absorb and retain professionals, and limited HIV/AIDS services in the better-staffed private sector. As of 2007, only 750 doctors (of 3,614 nationally) practiced outside Abidjan, representing a ratio of one doctor to 20,000 inhabitants. Partly as a result, access to and uptake of such gateway services as PMTCT and HIV testing and counseling (TC) remain inadequate. Growth in the ART program, while impressive, has been slower than expected, particularly among children; the 2,893 children on ART (20% of the 14,000 in need) make up only 5% of all ART patients. About one-fifth of OVC are receiving care and support services.

Within a fragile and evolving context, USG investments are designed to build the capacity of the government of Côte d'Ivoire (GoCI), civil society, and private sector to plan, implement, and monitor a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. PEPFAR provides 74.5% of all funding for HIV/AIDS work, with smaller contributions from the GoCI (10.5%), Global Fund (GF), World Bank, UN Agencies, Clinton Foundation, private sector, and West-Africa Corridor project. Important gains in HIV testing, PMTCT, and OVC care are being secured through an emphasis on policy development, task shifting, building national capacity, standardizing approaches, and improving coordination. HIV prevention efforts focus on evidence-based approaches to improve life-skills training for in- and out-of-school youth, better targeting of most-at-risk populations (MARP), efforts to define peer education standards, a growing focus on addressing gender-based vulnerabilities and stigma, and the integration of prevention into every aspect of care and treatment, most notably prevention for positives (PwP).

The USG team has made concerted efforts to support greater country ownership of the HIV/AIDS program. Aligning its Partnership Framework development timetable with a 2010 process for a new HIV/AIDS National Strategic Plan (2010-2013), PEPFAR has provided financial and technical support for substantial preparatory work, including a Demographic and Health Survey Plus (DHS+), a National Health Accounts exercise, a health systems survey, a policy analysis and agenda, task-shifting policy work, and the GoCI's strategic planning process. The USG team emphasized better coordination, information sharing, and joint planning and review with the host government and other donors during Country Operational Plan and initial Partnership Framework development processes. This included a series of workshops in which stakeholders identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and health systems capacity, greater efficiency, better coordination, and evidence-based deployment and expansion.

Working with a reduced budget to expand services and improve quality, PEPFAR approaches in FY 2010 will highlight these strategic emphases in each of the following programmatic areas while contributing to the achievement of the 4-12-12 PEPFAR Phase II targets.

Prevention

The PEPFAR program promotes the prevention of sexual HIV transmission through a comprehensive ABC approach that combines efforts to promote delay of sexual debut, fidelity, TC, partner reduction, condom use for high-risk groups, and reduction of stigma, intergenerational and transactional sex, and gender-based violence (GBV). In FY 2010, the program will focus on improving the quality, targeting, and coordination of behavior-change communication (BCC). Newly defined peer education standards will improve message content and will be complemented by mass media. Evidence-based interventions will go further to improve parent-child communication on HIV-related risks and social norms (Families Matter). Protective life skills will increase coverage to in-school youth through stronger collaboration with the Ministry of Education, while out–of-school youth will be reached through NGO and community-based efforts. Religious leaders and private-sector representatives will continue to be trained to promote HIV prevention and testing. Positive prevention initiatives will continue, with an emphasis on sero-discordant couples.

Increased research efforts will inform interventions targeting MSM, sex workers and their clients, and people engaging in transactional sex. Other interventions will target the uniformed services, truckers, youth, and displaced and mobile populations. These efforts complement World Bank and Global Fund regional projects targeting transport routes. All PEPFAR-supported health facilities will integrate HIV prevention through paid counselors, who will also provide follow-up care, support for ART and TB treatment adherence, and referrals to community-based care and OVC services. Efforts will be expanded to apply lessons from 2009 assessments to address gender-related vulnerabilities that cut across all programs (Men as Partners, income generation for vulnerable women).

All BCC efforts will promote TC services. The PEPFAR program plans to moderately increase the number of people tested for HIV through the implementation of routine opt-out TC in all health facilities and a simplified algorithm allowing whole-blood, finger-prick testing by lay personnel. Testing at health facilities will be complemented by outreach TC (community- and home-based, mobile, couples and family testing) and supported by training and linkages to care and treatment.

PEPFAR-supported efforts to prevent mother-to-child HIV transmission (PMTCT) showed impressive results in 2009 and remain a primary focus in 2010, with routine HIV testing, continued integration of PMTCT in antenatal care, service expansion to 60% of all health facilities, systematic provision of ARV prophylaxis, and strategies to address gender and cultural barriers to service uptake. Serious efforts to scale up early infant HIV diagnosis (EID), nutritional assessment and support, and involvement and testing of male partners will be priorities within a comprehensive PMTCT package.

The prevention of biomedical HIV transmission will be strengthened systematically through strong moves toward national ownership. The National Blood Transfusion Service, whose success in ensuring a safe blood supply includes 100% screening for HIV, hepatitis B and C, and syphilis, will expand coverage with new sites and assume increasing management of its procurement and technical assistance needs, previously provided by an international partner. Strategies include integration within country-level funding mechanisms, with diminishing USG inputs beginning in 2010. Safer medical injections and waste management will be highlighted as a national priority, with the MOH leading the advancement of the national medical waste strategy in collaboration with the World Bank, UNDP, and other stakeholders.

Care

Strategic emphases will be reflected in targeted expansion of adult and pediatric care and support services, partner funding based on costing as well as capacity and performance, scale-up of quality-assurance efforts, strengthened nutritional assessment and care, roll-out of PwP services, capacity building for improved central and district-level coordination, and better monitoring and evaluation (M&E) systems.

HIV care and support strategies will maintain the FY 2009 focus on evidence-based, lifesaving preventive interventions while strengthening referral systems, provider training and supervision, and commodities management. Cotrimoxazole will be provided free according to national guidelines, with targeted provision of clean-water products prioritizing those in areas at greatest risk. The GF-supported Round 8 malaria project will distribute 9 million insecticide-treated bed nets (ITNs) through a mass campaign to cover all pregnant women and children under 5. A family-centered approach will improve identification of children needing care. Counselors at all sites will provide a comprehensive package of HIV prevention interventions and effective support, follow-up (including provision of medications where feasible), and referrals to community- and home-based palliative care and OVC services. Partners will work with the GoCI and stakeholders to implement supportive policies related to opioid availability, to implement the new HIV rapid-testing algorithm using finger prick, and to redefine the roles of non-medical and lay staff.

Quality improvements will focus on scaling up quality “collaboratives” at care, ART, PMTCT, and TB sites; strengthening training and supervision; promoting systematic screening for TB; improving nutritional assessment, counseling, and support, including a Food by Prescription pilot with the National Nutrition Program; reducing loss to follow-up before initiation of ART; diagnosing and treating opportunistic infections (OIs), including expansion of a cervical cancer prevention effort; and pursuing wraparound services, such as ITNs through the GF, clean-water commodities through the private sector, and nutritional support through the World Food Program.

USG support for the National TB Program (PNLT) and stronger TB/HIV integration will focus on quality improvement and expansion of service coverage, with improved uptake and quality of HIV testing among

TB patients and TB diagnosis among HIV-infected patients. PEPFAR will support the PNLT in training staff at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation, as well as in scaling up routine opt-out provider-initiated HIV testing at all TB clinics. TB diagnosis among children under 5 will be emphasized. USG partners will work with the PNLT to incorporate a clinical TB symptom screening tool into the national HIV patient encounter form and to support stronger quality assurance of sputum smear microscopy at central, regional, and district health centers. To improve accuracy and speed of TB smear microscopy, fluorescent LED microscopy will be introduced and supported at 15-20 sites in FY 2010. The USG will also continue development and decentralization of rapid TB liquid culture capability using MGIT technology to strengthen intensified TB case finding among HIV-infected persons, diagnosis of smear-negative TB, and culture and drug susceptibility testing for TB cases failing primary treatment. The USG will support the continued development, with FIND and UNITAID, of molecular diagnostic capacity for TB diagnosis and drug susceptibility testing of smear-positive specimens. A strengthened TB lab network and specimen transport system will support all TB diagnostic and treatment centers. To improve TB diagnostic imaging, the USG will support a pilot to introduce digital chest X-ray imaging capacity and will pilot a mobile digital chest X-ray system to serve five to 10 TB/HIV treatment centers on a regular basis.

OVC support will emphasize sustainability by building the capacity of local organizations to assess, address, and monitor the vulnerabilities of children. USG efforts will strengthen systems to coordinate and track progress at the local, district, and national levels. The National OVC Program will lead a quality-assurance initiative and reinforce and expand its coordination platforms at social centers. Strategies will emphasize non-monetary incentives (training, access to computers, local recognition, etc.) to help ensure utilization and maximize consistency of data collected. Referral systems will be strengthened through facility-based counselors, and a network model for linking OVC to other health, education, and social services will be replicated. Efficiency of OVC service delivery will continue to be improved by ensuring that OVC partners cross-train their community caregivers to provide palliative care and support, and vice versa.

PEPFAR will go further to meet the needs of especially vulnerable children and youth through co-planning and complementary services, advocacy with the Ministry for Technical and Vocational Training and the private sector to address livelihood security and preparation for work among older vulnerable youth (ages 18-24), and advocacy with the Ministry of Youth to provide psychosocial support for older vulnerable youth no longer eligible for OVC-specific programs.

Treatment:

With USG support, Cote d'Ivoire continues to scale up comprehensive HIV/AIDS treatment services nationwide. The growth of national treatment efforts has been impressive, with the number of adults and children on treatment increasing from 4,159 in 2004 to 59,926 (including 2,893 children) in September 2009. The national goal is to support 104,000 ART patients by the end of 2010, though this may be overly ambitious.

PEPFAR anticipates providing direct support to 300 sites treating 54,266 adults and 4,734 children in all 19 health regions by September 2010. The GF will continue support for the procurement of ARVs and lab commodities to support its current patient caseload; service gaps in TC and PMTCT at GF sites will require PEPFAR support. The USG team will continue to provide management support and technical assistance for the negotiation and signature of the recently approved GF Round 9 HIV and TB applications, which will include full treatment services and are anticipated to begin in late FY 2010.

As in care and support, PEPFAR adult and pediatric treatment support will focus on targeted expansion of services, mainly to extend access at lower levels of the health pyramid in already-supported districts; the pursuit of efficiencies through costing and task-shifting; scale-up of quality-assurance activities;

strengthened nutritional services; capacity building for central and district-level coordination; and better M&E systems. Routine TC at health facilities and scaled-up EID are expected to increase the number of identified ART-eligible adults and children. Efforts to improve ART adherence and decrease loss to follow-up from 30% to 20% will be supported through training, setting treatment performance standards, better support and referral systems, better interpersonal communication by providers, and mass-media campaigns to promote services.

In line with PEPFAR Phase II objectives, USG efforts will focus on reinforcing health systems that provide a continuum of comprehensive care and treatment services through a family-centered approach, with a comprehensive treatment package that includes laboratory services, infant diagnosis, adherence and psychosocial support, palliative care, treatment of opportunistic and sexually transmitted infections, and prevention services for HIV-affected families. Links to community- and home-based care and support, including OVC support, will be provided by full-time, trained counselors at all sites. The USG will strengthen key ART monitoring systems (including ARV resistance) through a health management information system and program evaluations; advocacy and capacity building for decentralized health authorities; and the strengthening of a laboratory network supported by technical assistance (including training and quality assurance) from CDC/Projet Retro-CI, which provides a majority of national HIV testing and monitoring.

PEPFAR consolidates most of its procurements under the Partnership for Supply Chain Management (SCMS). A key priority for FY 2010 is ensuring that accurate monthly inventory and dispensing data from every treatment site is received and analyzed at the National Public Health Pharmacy (PSP) and is used to inform procurement and distribution decisions by all stakeholders to avoid stock-outs and overstocks. The USG and its partners will continue to work closely with the PSP, in stronger collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC), to provide technical assistance, infrastructure improvements, and system upgrades.

Cross-Cutting Activities

Strategic Information. The timely collection, reporting, analysis, and use of quality data for decision-making remain challenges and fundamental priorities for the USG program. PEPFAR works to fill information gaps and support coordination and planning with the MLS, MOH, and other key stakeholders and donors in order to identify and implement agreed-upon strategies for reinforcing the health information system.

Priorities for FY 2010, incorporating priorities of the new health information strategic plan of the MOH, include support for government leadership to strengthen national working groups and efforts to plan, coordinate, and manage the HIV M&E system; the continued development of national and sub-national HIV databases (HIV patient monitoring system, all-patient monitoring system, a community information system coordinated by the MLS, laboratory information system, and OVC information system), with an emphasis on national involvement and control; and increased data audits to improve data quality. PEPFAR will continue to support a harmonized approach to supervision, with standardized tools and methods that focus on data quality and using data for decision-making. This will include holding implementing partners accountable for site-level monthly supervision that reinforces training and ensures monthly reports with accurate consumption data. The MLS will be supported to create a national repository to store and manage data/information; contribute to the standardization of indicators and data collection tools, creation of a data confidentiality policy, and creation of a unique national identification number for all health services users; and disseminate HIV/AIDS data/information.

The program continues to strengthen its evidence base for decision-making through a significant public health evaluation (PHE) portfolio. Two country-specific evaluations begun with FY 2008 funding will assess 1) the effectiveness of the ART program in Cote d'Ivoire and 2) the quality of infant feeding and nutrition counseling and practices at PMTCT sites. A third country-specific PHE will evaluate care and

treatment of patients with HIV-2 infection; its findings will have implications for all countries with significant HIV-2 infection and will provide data for WHO evidence-based guidelines on HIV-2. The program is also participating in three multi-country PHEs to assess 1) interventions to reduce early mortality among patients initiating ART, 2) PMTCT program models, and 3) TC program models. The USG-supported DHS+ will provide updated data on HIV prevalence, health impact indicators, and the scope, intensity, and drivers of the epidemic.

Health Systems Strengthening and Human Resources for Health. Cross-cutting activities will focus on building sustainable health systems through strengthened government capacity for coordination, policy reform, building public-private partnerships, and strengthening local organizations. USG support will build GoCI capacity to train and retain human resources for health through financial and technical support for pre-service and in-service training programs for health professionals, continuing an incentive scheme for health workers in hard-to-fill posts, and assistance to improve human-resources management. The USG will advocate for the effective decentralization of the MOH with district control over resources, capacity building for health district micro-planning, and the extension of an MOH human resource information system.

The USG will also support the MLS with management training to strengthen the coordination of HIV interventions and policy development, as well as with assistance in developing the new HIV/AIDS National Strategic Plan. The USG will work to strengthen government engagement with the private sector, pursuing partnership initiatives in pediatric care, laboratory accreditation, HIV prevention outreach through sports, and TB/HIV.

Lab Infrastructure. USG efforts to build a stronger national laboratory system will focus on validation and implementation of a national laboratory strategic plan, human resource development, and quality-improvement and accreditation processes. Priorities for FY 2010 include infrastructure and capacity building to strengthen leadership and coordination by the MOH and the National Reference Laboratory (LNSP); curricula and materials for lab technician training; support for the national institution in charge of lab accreditation (CRESAC) and a national plan for the implementation of the WHO-AFRO accreditation scheme, with a goal of having 24 laboratories achieve Level 1 accreditation; support for diagnostic capacity related to TB, OIs, and sexually transmitted infections, as well as a national external quality assurance program, at clinic and regional labs; implementation of an open-source lab information system; support for the quantification and procurement of lab commodities to support the national HIV/AIDS program, including implementation of the lab logistics management information system developed and validated by the MOH in FY 2009; and support for scaling up HIV/AIDS lab services (including equipping five additional labs) with a focus on improving the quality of lab services nationwide, including implementing a quality-assurance program for at least 200 lab testing sites and implementing a specimen-referral system.

Costing. In order to maximize the efficiency and cost-effectiveness of the program, the USG will continue to refine costing analyses of care and treatment service delivery started in FY 2009 using the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT), along with PEPFAR costing models, and will expand these analyses to include prevention activities.

Administrative Costs. Administrative funds will support program-management costs, including DHHS and USAID personnel, travel, management, and logistics support in-country.

Other Donors, Global Fund Activities, and Coordination Mechanisms:

While PEPFAR is by far the largest donor for HIV/AIDS activities, other development partners include the Global Fund for HIV, TB and Malaria; the World Bank; the UN Organizations (WHO, UNICEF, UNDP, UNFPA, UNAIDS, WFP, etc.); the European Union; and other bilateral partners (Belgian, Canadian, French, German, and Japanese cooperations). The PEPFAR Country Coordinator represents the USG

on the CCM and at most coordination forums, while PEPFAR team members from CDC and USAID represent the USG at technical forums. While the GF Round 2 HIV continuation phase ends in May 2010, it may be extended if needed until the effective signature of recently approved Round 9 HIV and TB programs. Redacted. The CCM complements the national system of HIV coordination committees, which includes the newly activated Partners Forum led by the MLS as well as national HIV councils that cascade to regional, district, and village HIV/AIDS action committees. PEPFAR also participates in a new donor coordination forum for health that meets monthly. As the country's political context stabilizes, the USG team will continue to explore leveraging and wraparound opportunities with other donors and the private sector.

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Time Frame: FY 2010 – FY 2011

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						

Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted.

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Becton, Dickinson & Co. / PEPFAR Lab Strengthening Partnership		Becton Dickinson	381,000	381,000	The Becton Dickinson Lab Strengthening Partnership aims to work with PEPFAR Cote d'Ivoire, the

					Cote d'Ivoire Ministry of Health and AIDS (MSLS) and local stakeholders to improve the technical competence and increase number of laboratory technicians, to improve TB specimen referral, to provide TA to extend experience at the national level, and to strengthen laboratory quality assurance, in support of Cote d'Ivoire's National Strategic Plan for Laboratory Services. Activities will include training lab personnel in quality management, conducting needs assessments, developing specimen management and referral curricula, and training trainers to promote an integrated specimen

					referral program. Mapping of existing lab site will be done using GPS Due to violence in 2011, this activity was delayed and will be launched in 2012.
Expanded Use of Audiovisual Materials			59,889	64,445	
MTN Foundation / National HIV/AIDS Hotline					FY11 funding and TA provided by PEPFAR through the State Department was used to rehabilitate the National HIV/AIDS Hotline, and secure a free phone number. Now, the MTN Foundation (foundation of the cell-phone company) will be providing telecommunications materials installation to support the newly rehabilitated hotline headquarters, where 4-6 operators will work to provide the latest accurate information about HIV/AIDS

					prevention, testing, care and treatment services. MTN is providing communications and marketing materials to help promote the National Hotline, and will continue to provide maintenance for all telecommunications equipment.
Vacances Santé		United Nations Children's Fund, United Nations Population Fund			"Vacances Santé" is a vacation program for girls who participate in Sports for Life (HIV prevention in conjunction with soccer) in which issues of sexual health, HIV prevention, etc., are addressed. FY 2010 was the first year of this partnership, whose duration is undetermined. Contributions by UNFPA and UNICEF are in-kind (school kits, T-shirts, printed materials). JHU/CCP planned

					contributions were $20,000, while other donors and partners were to contribute materials in the value of just over $21,000. This camp was not held due to the civil crisis, but is planned to take place in 2012.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ANADER Program Evaluation Study	Evaluation	General Population	Development
Assessment of Hygiene, Injection Safety and Waste-management	Other	Other	Planning
Behavioral survey among Most At Risk Population	Behavioral Surveillance among MARPS	Injecting Drug Users	Planning
Evaluation of National Testing Day Activities (mobilization and KAP)	Evaluation	Other	Implementation
HIV and Associated Risk Factors Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review
HIV/AIDS Infected Population Situation Analysis	Population size estimates	Other	Development
HIV/AIDS Situation analysis in prisons	Other	Other	Development
KAP assessment survey related to blood donation	Other	Other	Development
KAP Survey	Other	Other	Development
Sero-prevalence and Behavioral Epidemiology Risk Survey	Other	Uniformed Service Members	Planning
STI/HIV/AIDS Sentinel Surveillance	Sentinel	Female Commercial	Development

	Surveillance (e.g. ANC Surveys)	Sex Workers	
Third Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Data Review
Transactional Sex Survey	Other	Other	Development
Transmitted HIV Drug Resistance	HIV Drug Resistance	Pregnant Women	Implementation

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			150,000		**150,000**
HHS/CDC	7,319,108	5,153,000	53,210,814		**65,682,922**
HHS/HRSA			400,000		**400,000**
HHS/NIH			440,000		**440,000**
State/AF			205,000		**205,000**
USAID			48,899,237		**48,899,237**
Total	**7,319,108**	**5,153,000**	**103,305,051**	**0**	**115,777,159**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	State/AF	USAID	AllOther	
HBHC		3,968,000				5,380,000		**9,348,000**
HKID		5,013,851				3,851,237		**8,865,088**
HLAB		1,817,000				836,000		**2,653,000**
HMBL		3,750,000						**3,750,000**
HMIN		1,473,000						**1,473,000**
HTXD						13,660,000		**13,660,000**
HTXS		13,422,257				3,580,000		**17,002,257**
HVAB		3,780,000			30,000	2,000,000		**5,810,000**
HVCT		3,567,000				4,207,000		**7,774,000**
HVMS		10,724,714				2,705,000		**13,429,714**
HVOP		4,300,000			175,000	2,000,000		**6,475,000**
HVSI		1,400,100	400,000	440,000		2,120,000		**4,360,100**
HVTB		3,350,000						**3,350,000**
MTCT		3,550,000				3,531,000		**7,081,000**

OHSS	150,000	3,000,000				3,540,000		**6,690,000**
PDCS		617,000				1,256,000		**1,873,000**
PDTX		1,950,000				233,000		**2,183,000**
	150,000	**65,682,922**	**400,000**	**440,000**	**205,000**	**48,899,237**	**0**	**115,777,159**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	9,348,000	
HTXS	17,002,257	
Total Technical Area Planned Funding:	**26,350,257**	**0**

Summary:
Context and Background Cote d'Ivoire's adult HIV prevalence is estimated at 3.9% (UNAIDS 2008). Females in all age groups are more likely than males to be infected with HIV (6.4% vs. 2.9% overall, 14.9% vs. 5.6% among ages 30-34, AIDS Indicator Survey 2005). Prevalence is marginally higher in urban settings and markedly higher in the South and East (5.5% or higher) than in the Northwest (1.7%). Despite significant improvements, access to and uptake of PMTCT and HIV testing and counseling (TC) services remain inadequate. Among 480,000 people with HIV/AIDS, 190,000 are estimated to be in need of ART (UNAIDS 2008). Within the context of a country moving toward stability but limited by poorly equipped, understaffed health and social services, the USG program is working with the government of Cote d' Ivoire (GoCI) to build a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. The National Strategic Plan (NSP) 2006-2010 sets a target of 104,000 patients on ART and 100% of health districts covered with at least one ART site by 2010. A mid-term review of the NSP found 215 ART sites and 78% (68/83) of districts covered by end 2008. A majority of ART sites are in the South; the Center, North and West are less well covered. PEPFAR provides 74.5% of financing, with contributions from the GoCI (10.5%), Global Fund (GF), UN Agencies, Clinton Foundation, private sector, and West-Africa Corridor project. Progress toward PEPFAR five-year targets was hampered by continuing effects of the country's crisis, delays in the continuation phase of the GF Phase 2 grant, and the country's failure to win subsequent GF awards. The GF continues to support ARVs and lab commodities for its Round 2 patients, and a Round 9 GF grant is expected to provide an important boost to care and treatment scale-up and prospects for sustainability. Adult Care and Support The national palliative-care policy (FY 2006 with USG support) defines minimum standards of care for clinic, community, and home settings, and an implementation plan outlines training and supervision approaches. These guidelines incorporate guidance on cotrimoxazole (CTX) prophylaxis (CD4 count <350), and progress toward systematic provision continues. Most programs also support treatment for OIs, malaria, and STIs; basic pain management; screening for TB; and psychosocial support. (For reporting purposes, psychological support during post-test counseling or a routine clinical care visit qualifies as care received.) The USG and its partners are working to incorporate provision of insecticide-treated nets (ITNs), nutritional assessment and supplementation, HIV testing for family members, and interventions to improve hygiene and water safety. PEPFAR supports the Ministry of Health (MOH) National HIV/AIDS Care and Treatment Program (PNPEC) in integrating a comprehensive HIV/AIDS care program within the continuum of care as defined by national standards. Guidelines for community-based care and support, policy documents on nutrition for PLWHA, and guidelines on the use of opioids have been developed, followed by training of providers. The PNPEC has validated a policy on lay counselors at health centers and in the community. Linkages with other programs (TB, PMTCT, TC, community care) need to be strengthened, as does integration of preventive services into care programs. USG partners have begun

integrating prevention with positives (PwP) activities into routine HIV care and treatment, antenatal, and TB services. Community-based interventions for PwP are under way through Alliance and the network of PLWHA organizations (RIP+) and will continue with support from CDC Atlanta after the current pilot phase of the health professional component. Adult Treatment In 2008, the PNPEC revised national guidelines on ART and lab monitoring, including a shift from a D4T-containing regimen to an AZT-containing regimen as the first line for all HIV-1 patients. A first-line regimen containing a protease inhibitor (lopinavir) continues to be recommended for HIV-2 and HIV-1/2 (dual) infections. ART is free for all patients since 2008. The basic HIV clinical treatment package supported by USG partners includes ART, CTX prophylaxis, biological monitoring, and limited OI prevention and care, with links to community-based care and support. Improved data management and use include longitudinal follow-up and ARV-resistance evaluations. PEPFAR partners promote better support and referral systems, better interpersonal communication, and mass-media campaigns to promote TC and other services and reduce stigma and discrimination. In collaboration with the PNPEC, the USG's regional approach assigns care and treatment services in MOH facilities in the Southwest and Mideast to EGPAF, in the far West to ACONDA, in between to ICAP-Columbia University, and in the Center, North, and Northeast to Health Alliance Internatinoal (HAI, new in FY 2009). Abidjan and surrounding areas are supported by both EGPAF and ACONDA. The USG supports a network model with linked services at the regional and district levels. Human resources for health (HRH) remain a barrier to care and treatment scale-up. A series of HRH assessments found limited staff (11,749 health care workers for 18.7 million people in 2006), high attrition (24% among nurses, 20% among physicians), limited public sector ability to absorb and retain professionals, and limited HIV/AIDS services in the better-staffed private sector. The USG and its partners are helping the GoCI address these issues through assessments, a national HRH strategy, capacity building for training institutions, and pilot performance-based financing. Accomplishments since the last COP Adult Care and Support In FY 2009, the PEPFAR-supported basic health care and support program grew significantly in geographic reach and uptake but fell short of its ambitious targets. At 355 PEPFAR-supported care and support sites (up from 240 at the beginning of the period), the number of adults and children provided with direct care and support services rose to 105,530, an increase of 25%. A total of 1,853 providers were trained. Accomplishments include the dissemination of national care and support guidelines defining a minimum package of services, essential drugs for clinic- and community-based palliative care, and training requirements based on point–of-service delivery. Care and support training manuals were integrated into pre-service training at national schools of nursing and social work. USG partners scaled up on-site training of providers in the use of these guidelines, for the delivery of basic health care and support services, as well as the distribution of care kits comprising CTX, male condoms, mosquito nets, and water purification tablets. With USG support, the PNPEC and partners translated and adapted CDC PwP training manuals for health care providers, trained a national pool of trainers, and piloted PwP activities at 15 sites. FHI continued advocacy to integrate care and support services into tertiary reference hospitals, and the PNPEC began revising CTX guidelines toward a universal approach based on WHO recommendations. The USG contributed to the production of practical guidelines and tools for facility and community-based care services and the development of a procurement plan for opioids. Nutritional assessment and counseling are being strengthened through policies, guidelines, and training and support materials with AED/FANTA 2, PATH, and the National Nutrition Program (PNN). A twinning relationship with the African Palliative Care Association focuses on standards, training, advocacy, and policy development related to access to opioid medications and hospice services. The program's performance against the FY 2009 target of providing care to 190,000 people reflects delays in funding and procurement and inadequate patient follow-up and linkages to other programs. To account for possible over-reporting in the absence of a unique patient identifier, the USG team reduced crude results by 20%. For FY 2010, an ambitious but more realistic target of 134,000 people receiving clinical care services is planned. Adult Treatment The PEPFAR-supported ART portfolio strengthened in coverage and uptake during FY 2009. With ART services provided at 258 PEPFAR-supported sites (up from 160 a year ago), the number of patients on ART with direct PEPFAR support grew to 49,697 (up from 39,324), a 26% increase but short of the target of 60,000. A total of 859 health-care providers were trained in ART provision. Reported results reflect USG efforts to ensure data quality

after audits showed likely over-reporting; the number of reported patients on ART decreased in the fourth quarter of FY 2009 as a result of improved M&E processes. The USG continued to assist the PNPEC to rationalize the prescription of ARVs. Partners conducted intensive refresher trainings of prescribers with a goal of switching all patients onto the new national regimen by December 2009. Procurement and distribution of ARVs and lab commodities improved, although better on-site management remains a priority. URC led an evaluation of the quality of continuum-of-care services at all national ART sites (including care, PMTCT, TC, TB, and pediatric services), and results are being used to improve the quality of the program's family-centered treatment approach. Goals and strategies for the coming year USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In Adult Care and Treatment in FY 2010, these strategic emphases will be reflected in targeted expansion, partner funding based on costing as well as capacity and performance, the pursuit of efficiencies through task-shifting, scale-up of efforts to improve service quality, strengthened nutritional services, roll-out of PwP services, capacity building for improved central and district-level coordination, and better M&E systems. Key goals in FY 2010 include: 1. Increased geographic and population coverage. Partners will continue a gradual expansion of services, mainly to extend access to lower levels of the heatlh pyramid, with September 2010 goals of providing direct support for (i) 123,280 ART- and non-ART-eligible adult patients at 410 care and support sites (including TB); (ii) 54,280 adult patients on ART at 300 sites (including PMTCT+ sites) , with sites in all 19 regions. 2. Systematic provision of CTX. ITNs will be provided with support from the GF Malaria Project, prioritizing under-5's and pregnant women. Clean-water kits (container and AquaTab) will be provided in regions with low water quality. 3. Expansion of PwP services. Based on an evaluation of the pilot phase, PWP services will be extended to reach 25% of PLWHA receiving clinical care at PEPFAR-supported sites, with adaptation of training manuals for community-lay counselors. 4. Continued advocacy to integrate care and support services into tertiary reference hospitals. 5. Improved linkages between facility- and community-based services and between care, treatment, and other services. All PEPFAR-supported ART, PMTCT, and HIV/TB service providers will engage counselors (preferably PLWHA) at all sites who will provide a package of HIV prevention interventions for all clients and effective support, follow-up, and referrals to community-based care and support for HIV-positive clients. Facility-based partners will link with partners supporting community services, including services for rural areas and for the uniformed services, and the Ministry of Education will continue a program focusing on teachers. 6. Improved quality. Efforts will focus on scaling up quality collaboratives, with URC, from 41 to 120 sites; to strengthen training and supervision; to promote systematic screening for TB; to improve nutritional assessment, counseling, and support, including a Food by Prescription pilot with the PNN and AED/FANTA; to reduce loss to follow-up before ART initiation; to diagnose and treat OIs, including expansion of a cervical cancer prevention pilot; and to pursue wraparound services, such as subsidized ITNs through the GF, clean-water commodities through the private sector, and nutritional support with the World Food Program. 7. Ensuring supportive policies and practices. Partners will work with the PNPEC and stakeholders to implement supportive policies related to opioid availability, to implement the new HIV rapid-testing algorithm using finger prick, and to redefine the role of non-medical and lay staff. The issue of caregiver burnout will be addressed in topical meetings and through technical assistance to partners. 8. Improved ART performance with reduced losses. A key objective will be to improve coordination, planning, supervision, accreditation, and training at site and district levels. Links to community- and home-based care will be strengthened, along with expansion of routine TC in health facilities and outreach to families. Efforts to improve ART adherence will focus on counseling that also addresses issues of stigma. Training, supportive supervision, career progression, and expanded peer and community services will address human-capacity barriers and improve the quality of care. Program evaluations and public health evaluations (PHE) will help assess the quality of the ART program, the efficacy of evidence-based interventions to reduce early mortality of ART patients, and care and treatment priorities for patients with HIV-2 infection. 9. Gender sensitivity as a component of quality care and treatment. Strategies will include positive-prevention interventions,

especially for discordant couples; promotion of partner and family HIV testing; and stigma-reduction campaigns. 10. Ensuring availability of drugs and commodities through central procurement by SCMS, which will also continue providing technical and management support to the Public Health Pharmacy (PSP). The USG promotes sustainability by transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries while building their capacity for program management and accountability. EGPAF will work with the MOH and the USG team to plan and launch the transition of its Track 1 program to Ivoirian entities. The USG will continue to refine costing analyses of care and treatment service delivery started in FY 2009 using the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) supported by Abt Associates, along with PEPFAR costing models, in order to maximize the efficiency and cost-effectiveness of the program.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	13,660,000	
Total Technical Area Planned Funding:	**13,660,000**	**0**

Summary:
Context and Background

The procurement of ARV drugs in Cote d' Ivoire is managed within the Ministry of Health (MOH) by the National Public Health Pharmacy (PSP), the National Drug Regulatory Authority, and the National Public Health Laboratory (LNSP). Service delivery and data systems for patients are managed by the National HIV/AIDS Care and Treatment Program (PNPEC). PEPFAR and Global Fund (GF) are the principal sources of ARV drugs (90%), with smaller contributions by the Clinton Foundation, UNITAID, and the MOH. All incoming commodities are delivered to the PSP Depot for distribution to service sites. Supply-chain issues are managed by a technical committee of representatives from the MOH, donors, implementing partners, and PLWHA that meets monthly to discuss program status and overall supply issues and stock level. This joint platform is functioning but needs significant strengthening to achieve a well-coordinated and transparent national program. PEPFAR technical inputs are critical to the operation of this group.

The growth of the national HIV/AIDS program in Cote d'Ivoire has been impressive, with the number of adults and children on treatment increasing from 4,159 in 2004 to 49,690 as of September 2009. The national goal is to reach 104,000 ART patients by September 2010; PEPFAR plans to provide ARV drugs for 59,000 of these.

Since FY 2007, the Supply Chain Management System (SCMS) Project has been the primary technical assistance provider for supply chain management for both PEPFAR and GF programs. All drugs and laboratory supplies and consumables, as well as many other commodities, are procured by SCMS for all PEPFAR implementing partners.

Following the MOH policy for coordinated procurements, and in an effort to improve efficiency, donors are following an approach of integration and synergy under which no single donor provides all required inputs to a given site. The forecasting and quantification process is coordinated by a quantification committee led by the PNPEC, which receives a quarterly update of the supply plan. The interdependent nature of the national program promotes the collaboration desired by the USG, but it also greatly increases the vulnerability of the program. This approach requires aggressive and regular data collection from all service sites individually, as well as proactive, transparent information sharing among all

stakeholders.

After an unsuccessful Global Fund Round 8 application, it is expected that the GF will continue to provide ARVs for its current 10,000 patients. The USG team has regular consultations with the principal recipient and has addressed potential programmatic implications of a GF gap, and a recently announced Round 9 Global Fund grant is expected to contribute significantly to prospects for scale-up and sustainability of HIV/AIDS care and treatment efforts.

Accomplishments since last COP

With FY 2009 funds, SCMS procured 80% of the national ARV supply (76% of them generics), as well as most HIV/AIDS commodities for PEPFAR Cote d' Ivoire implementing partners. In addition, SCMS provided technical assistance for the installation of a warehouse management system (MACS) at the PSP and with USG implementing partners maintained a Web-based ordering system as well as an inventory tracking system for PEPFAR-procured HIV/AIDS commodities. SCMS also worked to implement and strengthen a logistics management information system (LMIS) to improve the traceability of ARVs and other HIV-related commodities at all levels of the health pyramid; this has helped prevent any stock-outs at the central level. Following changes to national ARV regimens, the ARV LMIS was revised and adapted, and the training-of-trainers document was revised reproduced, and disseminated.

In addition, PEPFAR supported the development of the PSP's five-year National Supply Chain Management Strategic Plan.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion.

Further support for these priorities was provided in a recent costing exercise using the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT), which concluded that given current estimates of known funding (i.e. PEPFAR and Government of Cote d' Ivoire), providing the current (2009) level of services (ART, PMTCT, care and support , OVC, and prevention) over the 2009-2013 period would produce a financial gap of $3.7 million in 2011, widening to $14.5 million by 2013 (by which time only 86% of required funding would be available). If Cote d' Ivoire extended current scale-up plans (for 2009-2011) out to 2013, a small financial gap ($1 million) would occur in 2010, growing to $87.5 million by 2013 (by which time only 48% of required funding would be available). ARVs alone account for almost $30 million of the projected gap under the scale-up scenario by 2013.

In the ARV Drugs budget code in FY 2010, an emphasis on maximizing the efficiency and cost-effectiveness of the program will be reflected in efforts to strengthen:

? Coordination

PEPFAR will continue to support the joint coordinated procurement planning approach and will ensure that technical assistance provided by SCMS benefits the entire national program. In coordination with the MOH, PEPFAR partners, the GF, and other partners, the PEPFAR program will concentrate on strengthening forecasting, quantification, and supply planning; reducing lead times from ordering to delivery of commodities to end users; and improving inventory management, warehousing, storage, distribution, and quality assurance procedures at the central and peripheral levels. PEPFAR will support the PSP to expand its decentralization plan to strengthen in-country supply-chain processes at the

regional and district levels.

? Technical Assistance

In addition to procuring most HIV/AIDS commodities for PEPFAR Cote d' Ivoire implementing partners SCMS, will continue to provide technical assistance and management support to help reinforce the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan as needed, in consultation with the USG team, the PNPEC, and the PSP. SCMS will regularly update national ARV forecasting calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning.

? National ownership and transparency

Strategic planning has aimed to strengthen transparency and national ownership of supply-chain management responsibilities, including by enabling the PSP to access monthly inventory and dispensing reports from each treatment site. These reports and analyses alert care and treatment stakeholders anytime the projected virtual stock of any ARV or HIV-related commodity drops to less than minimum required stock level at the national level or at any site. (Projected virtual stock is the sum of current inventory and expected consumption, plus realistically expected new deliveries.)

? Procurement

Complemented by the GF, the World Bank project (PUMLS), and the Corridor Abidjan–Lagos project (OCAL), the PEPFAR program will procure and deliver 76% of ARVs (first and second line) used nationally, more than 85% of them generics, to the PSP central warehouse and will ensure that a rational distribution plan is predetermined for each site based on commodities consumption reports and validated at least quarterly using client data and physical inventory spot-checks. The PEPFAR program expects to be providing ART for 58,958 patients by September 2010 (based on a projection of 22,080 new patients), including 8,985 HIV-positive pregnant women and 1,400 children. SCMS will advise and provide technical assistance to the MOH's Directorate of Pharmacy and Medication (DPM) and the PSP, as well as other partners and stakeholders, on current pharmaceutical market developments, USG-approved products and suppliers, FDA- and WHO-approved and tentatively approved drugs (including generic drugs), laboratory reagents and test kits, and manufacturing capacity as it affects supply to Cote d' Ivoire.

? Forecasting and Quantification of Commodities

The PEPFAR program will continue to improve the quality and accurate supply of ARVs and other commodities through forecasting, quantification, and supply planning in partnership with the GF, Clinton Foundation, UNITAID, and others under the leadership of the PSP ARV Unit. SCMS will perform a 24-month ARV quantification and produce a one-year supply plan, which will include patients needing PMTCT and post-exposure prophylaxis. SCMS will continue to build capacity by working in collaboration with PSP staff, CDC/Retro-CI, the National Reference Laboratory, and other PEPFAR partners to make quarterly revisions to the national supply plan as well as to conduct regular cross-over analyses to compare commodities dispensed by the PSP and specific sites with actual patient data to inform program management decisions. To strengthen capacity at the regional and district pharmacy levels, SCMS will train pharmacists in forecasting, quantification, and supply planning for ARVs and laboratory commodities as well as in monitoring and evaluation methodologies.

SCMS will train a pool of pharmacists at the central, regional, and district levels who, with PSP leadership and SCMS technical assistance, will monitor stock levels throughout the health pyramid using

PIPELINE software. SCMS will work with the PSP to make sure that PIPELINE is updated regularly so that stock levels at each level of the health pyramid are known at all times. The goal is to have no emergency orders and no stock-outs.

SCMS will maintain a Web-based ordering system as well as an inventory tracking system for PEPFAR-procured HIV commodities. Authorized partners will be able to log in and view orders from SCMS, track their delivery progress, and confirm historical data regarding their orders. The warehouse management system (MACS) and its integration with LMIS software will enhance the PSP's inventory management and distribution systems. SCMS will complete the implementation and transition from SIMPLE-1 and SIMPLE-2 software to an electronic dispensing tool (EDT) at all facility-level and district pharmacies to track ARV dispensing data used in stock management and forecasting efforts. In combination, these solutions are expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels.

? Warehousing, Storage, and Distribution

SCMS will continue to provide technical assistance to improve PSP warehousing. Following an evaluation of the physical infrastructures of district pharmacies, PEPFAR partners will work closely with the European Union (EU) and the MOH's Direction des Infrastructures et des Equipements Medicaux (DIEM) to reinforce the PSP's capacity to assess, upgrade, and renovate its regional and district warehouse and storage facilities (in San Pedro, Abengourou, Yamoussoukro, Bouake, and Korhogo) to bring them into compliance with recognized standard storage conditions for ARVs, OI drugs, and other HIV/AIDS commodities. SCMS will work with the PSP and DIEM to put in place national guidelines on good storage conditions and will take the lead to make sure that all PEPFAR implementing partners as well as other donors follow national guidelines during renovation of storage facilities.

? Reporting Tracking System

SCMS will continue to ensure computerized supply-chain management systems, specifically in procurement, inventory management, and distribution systems, that include detailed information on ARVs, OI drugs, lab reagents, and testing materials, as well as commodities for palliative care and OVC support.

SCMS will strengthen the WMS in FY 2010 by installing MACS at regional warehouse and district storage facilities and putting in place a well-functioning LMIS for ARVs and laboratory commodities that will be used at all health facilities. Interfaced WMS and LMIS solutions will allow ARV and lab logistics data collected at sites to be aggregated at the district and central pharmacies to get actual consumption data. All PEPFAR implementing partners will be held accountable to ensure data transmission from peripheral to central level. The WMS solution at the district level will provide districts with the same stock management tools as the central level. Following implementation of the WMS-LMIS solution, pharmacists from each district will be trained in all systems.

? Coordinated Supervision

SCMS will work closely with the PSP, PNPEC, the MOH's planning and monitoring unit (DIPE), and PEPFAR implanting partners to:

? Develop an integrated supervision guide
? Set up a supervision register/log that will be placed at all levels of the health pyramid
? Ensure that supervision reports are made available to supervised sites
? Ensure that retro-information procedures are functional for central-level supervision of regions and regional supervision of districts
? Develop a schedule of integrated coordination meetings and supervision, including retro-information

PEPFAR care and treatment implementing partners will be accountable for site-level monthly report submission and will be monitored by SCMS-supported supervision visits to both intermediary and site-level treatment facilities to reinforce training and to monitor reporting and consumption data accuracy.

? Costing of Care and Treatment Services

The USG will continue to refine costing analyses of care and treatment service delivery started in FY 2009, using the HAPSAT (supported by Abt Associates) along with the PEPFAR ART costing models in order to maximize the efficiency and cost-effectiveness of the program.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	3,750,000	
HMIN	1,473,000	
Total Technical Area Planned Funding:	**5,223,000**	**0**

Summary:
Cote d' Ivoire, a country of 20 million people, has one of the highest HIV prevalence rates in West Africa, estimated at 3.9% in the adult population (UNAIDS 2008). The Government of Cote d' Ivoire (GoCI) has responded with a range of measures to protect patients and staff in health institutions from HIV and other blood-borne pathogens (e.g. hepatitis B and C).

Prevention of biomedical HIV transmission remains a high priority. Despite continuing challenges due to the political environment, which have limited expansion of blood-safety and injection-safety activities, the Ministry of Health (MOH) has made an increasing commitment to strengthening service quality and national ownership by building local capacity and encouraging sustainable national systems. The national response consists of a combination of educational and behavioral interventions, infrastructure strengthening, and facilities-based activities and policy actions to promote safer practices while advancing the national medical waste strategy in collaboration with the World Bank, UNDP, and other stakeholders.

Strategies involve national leadership and integration within country-level funding mechanisms, with diminishing USG inputs beginning in 2010. Neither blood safety nor injection safety central Track 1 mechanisms will be active in FY 2010. JSI's MMIS technical assistance project to the national injection safety program will close out by March 2010, and all future activities are funded through the Ministry of Health's cooperative agreement with CDC. For blood safety activities, a limited-competition FOA is under review as a follow-on cooperative agreement with the National Blood Transfusion Service (NTBS).

Available research, though limited, shows low levels of injection drug use (<1% among commercial sex workers in FHI studies in 2007-2008) and high rates of male circumcision (96%, AIDS Indicator Survey, 2005), so no FY 2010 funds are requested in the CIRC and IDUP budget codes.

Blood Safety
Context

The NBTS is responsible for recruiting and retaining blood donors and for collecting, testing, processing, storing, and distributing blood nationwide. Its strategy, based on WHO recommendations for

the development of centralized national blood programs, focuses on ensuring an adequate and safe supply of blood for transfusion through the recruitment of low-risk, voluntary, non-remunerated donors; comprehensive laboratory screening for transfusion-transmissible infections (TTI) on all donated blood; strengthening of policies and infrastructure (e.g. maintaining an effective cold chain); and training prescribers on the appropriate use of blood products.

PEPFAR support has helped improve the NBTS' ability to meet the national demand for safe blood. PEPFAR has funded acquisition of cold-chain equipment, rehabilitated laboratories and blood collection sites, expanded technology for tracking use of blood and blood products, provided reagents and other key commodities for testing blood units, and supported validation of national blood transfusion guidelines and updating of training modules for health care professionals. It is estimated that Cote d' Ivoire needs to collect 170,000 units of whole blood per year to have an adequate supply of blood and blood products. Between 2003 and 2008, annual whole blood collections increased by 45%, to 99,400 units, and the NBTS strengthened its capacity to fractionate whole blood into blood products and to collect blood directly into pediatric-size bags. In 2008, more than 127,400 units of whole blood and blood products were produced and derived. Public health facilities receive 93% of NBTS blood and blood products. PEPFAR indicators for 2010 include capacity building and MOH supervision to determine the number of both public and private hospitals where staff have been trained and are implementing national transfusion and blood safety guidelines.

The safety of collected blood has been improved by advances in the NBTS laboratory system; testing at the Abidjan laboratory has been mostly automated. HIV prevalence among donated units has declined to 0.1% among repeat donors (1.2% among first-time donors), while upward trends in the prevalence of HBV, HCV, and syphilis have been observed. Only 6.7% of donors return to receive their test results. For donors who test seropositive for HIV, the NBTS has established an on-site clinic that serves as a national reference center and provides follow-up care.

All blood units are collected from voluntary, non-remunerated donors, 41.4% of whom are regular donors. To increase the donor pool, the NBTS implements community-mobilization activities, such as establishing donor groups in schools, churches, and in the workplace. Rigorous pre-screening questionnaires serve to narrow the donor pool to the most low-risk donors..

The NBTS distributes blood products through a regional network and through hospital blood banks. The NBTS has reopened and renovated collection and transfusion centers and blood banks (particularly in heavily affected post-conflict areas of the North and West) with PEPFAR support, and two blood collection vans are in service. More than 200 hospitals nationwide are performing transfusions with blood from NBTS blood centers and blood banks.

Trainings to reinforce the capacities of local staff and improve the national blood management system have included instruction in the operation and maintenance of Progesa and E-Progesa blood-tracking software, blood collection and preparation procedures, M&E, blood donor screening and selection processes, and the appropriate use of blood products for prescribers.

Accomplishments since the last COP

In FY 2009, targeting low-risk donors and pre-screening at site level continued to sustain low levels of reactive units (1.1% of all units), and the NBTS continued to ensure that 100% of collected blood units were screened for HIV, syphilis, HBV, and HCV. Modules updated in 2008 enabled 791 physicians, nurses, midwives and laboratory technicians to be trained in blood prescription, safe transfusion practices, and use of blood and blood products. The NBTS and the MOH continued to advance integration of training and use of the national blood safety guidelines within district micro-planning, although more work is needed to ensure systematic use and supervision within the MOH decentralized

leadership and reporting structure. A national workshop addressed transfusion practices in cases with hemorrhaging. Progress monitoring is ongoing through routine M&E activities and supervision visits, using an updated observation checklist and questionnaire to systematize feedback and assist with follow-up. Results of a knowledge, attitudes, and practices (KAP) study among blood donors are expected in early 2010 and should allow the NTBS to further refine its donor-recruitment strategies.

While delays in acquiring cold chain and laboratory equipment, in negotiating utilities and basic infrastructure for sites in the North, and in renovating centers slowed expansion of new service outlets (from 38 in 2008 to 39 in 2009), 15 additional sites with multiple interventions in progress are near completion and will be counted as functional in early FY 2010.

Goals and Strategies for the Coming Year

A USG strategic-thinking exercise was conducted in 2009 in preparation for development of a Partnership Framework. This process, involving the GOCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In the area of blood safety in FY 2010, these strategic emphases will be reflected in the following priority interventions:

? Strengthen national laboratory testing capacity with a focus on quality assurance in all NBTS labs integrating with the broader national lab QAI and certification initiative.
? Finalize development of a national hemovigilance system and advance implementation with capacity to generate regular reports.
? Work with the General Director of Health (DGS) to disseminate national policies and guidelines for safe blood handling, use, and tracking, and advocate that regional and district health directors integrate training and supervision of guideline use in budgeted micro-plans.
? Given reduced PEPFAR funding, prioritize key blood transfusion activities and procurement of cold-chain equipment and acquire information technology to link new centers to the NBTS network.
? Initiate recommendations from findings of the KAP survey conducted in 2008-2009 to inform sustainable donor recruitment strategies that link to awareness of HIV status and community service to broaden the reach of HIV prevention and voluntary blood donation mobilization efforts.
? Follow up on the 2009 workshop to prioritize actions for sustainability and refine a strategy document for phased integration of the national blood safety program into the MOH budget, with diminishing PEPFAR inputs over the next five years.
? Review and strengthen internal NBTS supply chain processes in partnership with the national pharmacy (PSP), MOH, and SCMS.

Injection Safety
Context

In the area of injection safety and medical waste management (ISWM), PEPFAR support for the national response since 2004 through the Track 1 agreement with JSI-MMIS has helped strengthen the MOH's efforts to prevent HIV transmission in health care settings and address environmental health with a comprehensive and systematic approach. Implementation of the national ISWM program in the public and private health sectors aims to integrate national policies into day-to-day clinical and supervisory practices; provide behavior change communication (BCC) for patients and health care workers to reduce unnecessary injections; train practicing and new health workers on safe phlebotomy practices and disposal of sharps through continuing medical education and inclusion of injection safety in pre-service learning institutions; promote decentralized provision and tracking of post-exposure prophylaxis (PEP); and procure basic equipment and supplies (auto-disable and retractable syringes, safe boxes, waste bins and trash bags, gloves, goggles).

Advocacy, training, and infrastructure strengthening to ensure responsible medical waste management have involved working with JSI/MMIS and the MOH to promote appropriate segregation of infectious medical waste from other waste products, tracking monthly waste volume in different-sized institutions across districts, conducting research on cost-effective incinerator models and capacity, rehabilitating existing incinerators, training appropriate officials and staff in their proper maintenance and use, and integrating ISWM in national supervision tools and decentralized planning.

Since 2004, the program has assisted in developing district waste management plans for 16 health districts, renovated five incinerators, piloted waste segregation programs in five other districts, and conducted joint supervision visits with the MOH to monitor and evaluate training and post-training practices in about 60 health districts.

Accomplishments since the last COP

A top priority during FY 2009 was the transfer of primary responsibility for implementing the program from JSI/MMIS to the MOH's Direction General de l'Hygiene Publique (DHGP). This required significant human resource capacity building, development of a refined strategic plan, and a year of funding both JSI and the MOH to promote a smooth transition. JSI and the MOH worked with PEPFAR CI to develop and implement a transition plan with job twinning between JSI country staff and ministry focal points for communications strategies and materials development, medical waste management, training in safe injection practices, and commodities procurement and management. Intensive coaching included four international technical assistance consultancies. The process of strengthening national systems included establishing a National Coordination Committee for ongoing improvement and coordination of the ISWM program.

JSI and the MOH conducted a workshop with national and international partners to update the national strategic plan for ISWM with measurable indicators. The program trained 2,606 health workers on ISWM policies and practices; worked with the PSP to address challenges in procurement of sharps disposal safe boxes and distribution of single-use syringes; continued to advocate and advance integration of injection safety elements in district supervision tools (including review of logbooks for accidental exposures, posting of PEP protocols, placement and status of sharps disposal boxes, observation of phlebotomy and injection administration, etc.); and conducted joint supervision visits with local district health management teams.

Goals and strategies for the coming year

With FY 2010 funding, PEPFAR CI's strategic emphases on quality, systems strengthening, efficiency, coordination, and evidence-based deployment and expansion will be reflected in the following priority interventions:

? Strengthen and promote the efficacy of the nascent ISWM National Coordination Committee, led by the MOH.
? Establish a technical team within the MOH to coordinate ISWM field activities; to lead systems strengthening across offices responsible for vaccinations, HIV testing, HIV care and treatment, and TB programs; and to promote sustainable practices that will maintain the quality of ISWM with diminishing PEPFAR inputs over the next five years.
? Ensure that national HRH planning includes ISWM capacity and continue training of trainers to strengthen the pool of regional trainers. The MOH will work with JHPIEGO and others as needed to input and update data on individuals trained through the national TIMS database and to promote district planning for integrated supervision practices and use of updated tools at national and district levels.
? Integrate ISWM modules in pre-service training institutions and MOH district-level training and

supervision strategies.
? Facilitate careful review of incinerator needs and GOCI inputs, in coordination with the World Bank and other donors, to inform a strategy for rehabilitation or construction of medium-capacity incinerators for district hub capacity (with satellite health centers), with waste segregation, management plans, and trained staff to ensure optimal use and life span.
? Promote collaboration between the DGHP, PSP, and other MOH units in strengthening electronic tracking and forecasting of use, distribution, and procurement of single-use syringes, safety boxes, and equipment for medical waste management.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	7,774,000	
Total Technical Area Planned Funding:	**7,774,000**	**0**

Summary:
Context and Background
While the use of new formulas for estimating overall adult HIV prevalence in Cote d'Ivoire lowered the estimate from 4.7% to 3.9% (UNAIDS 2008), the 2005 national AIDS Indicator Survey (AIS) remains an important source of information for rational targeting of prevention, care, and treatment efforts. According to the AIS, within a generalized epidemic, HIV testing services cover only 8% of Cote d'Ivoire's population, with large underserved regions in the North and West. Only 11% of women and 8% of men reported ever having had an HIV test with receipt of their results.

As the key entry point to life-sustaining HIV care and treatment and an effective tool for primary and secondary prevention, HIV counseling and testing (TC) remains significantly underused. Accelerated expansion and efficient targeting of quality TC services are national and PEPFAR priorities and critical components of the scale-up of HIV/AIDS prevention, care, and treatment. The National HIV/AIDS Strategic Plan 2006-2010 (NSP 2006-2010) set targets of increasing TC services coverage from 85 to 460 sites and uptake from 6% to 25% by 2010 with two strategies: i) implementing a TC scale-up plan and ii) improving communication around TC activities.

PEPFAR remains the main donor supporting TC activities in Côte d'Ivoire. Data from a mid-term review of the NSP 2006-2010 show that 87.8% of all funding for TC services came from the USG, with the Global Fund and UN Agencies contributing 10.5% and 1.8%, respectively. Scale-up of services is hampered by low uptake, incomplete integration of TC services in the health care system, inconsistent referral and counter-referral between TC and care and treatment services, low community involvement, absence of strategies to involve sex partners, and under-utilization of entry points for TC services among children. Human resources remain a major barrier to scaling up TC services. Although the early infant diagnosis (EID) program is being scaled up, uptake of HIV testing among children remains low.

The USG and its implementing partners work with the Ministry of Health (MOH), the Ministry for the Fight against AIDS (MLS), and other donors to address these challenges. Important policy and protocol changes that allow finger-prick, whole-blood testing and testing by non-medical staff are being finalized and rolled out. Community-based fixed, mobile, and door-to-door TC services are being implemented to complement routine health facility-based TC services and to emphasize prevention and care opportunities by providing accessible TC to target groups such as youth, couples, men, and MARPs and other vulnerable subpopulations. Ensuring a regular supply of commodities, high quality of test results with the new testing algorithm, and access to care and treatment services for people who test HIV-positive in the

community remain important priorities.

Accomplishments since last COP

In FY 2009, for the second year in a row, the PEPFAR-supported TC program in Cote d'Ivoire more than doubled the number of people who received their HIV test results, from 206,147 to 421,854 (plus 32, 636 indirect, for a total of 454, 490), with similar gains in the number of service sites (490) and the number of persons trained to provide CT services (1,667). The program surpassed its targets of testing 400,000 people at 488 sites.

With leadership from the national HIV Care and TB programs (PNPEC and PNLT), the national TC policy was adapted to integrate recent WHO guidelines, including routine testing of all patients in health-care settings, and significant progress was made in extending routine PITC in clinical settings, including sites offering TB, PMTCT, and inpatient and outpatient services (respiratory, general medicine, pediatrics, obstetrics and gynecology, dermatology/STI. Training materials and job aids were adapted, and trainers were trained to facilitate on-site coaching of clinical-care providers. Training tools for community counselors are being completed in preparation for delivery of TC services by non-medical personnel.

Several factors contributed to these accomplishments:

? The MOH adopted the principle of routine "opt-out" testing in health care facilities and validated the new HIV testing algorithm using finger prick. While the new testing algorithm still awaits formal MOH endorsement, PEPFAR partners began implementing scale-up plans in supported sites along with roll-out of routine PITC.

? The MOH decision (in 2008) to allow trained non-laboratory technician health care workers (such as nurses and midwives) to perform HIV testing, allowing more testing to occur in remote rural health care settings.

? In conjunction with mass media campaigns, community-based partners enhanced community awareness and mobilization around "stand-alone" VCT centers and have implemented new outreach strategies focusing on mobile clinics reaching villages and targeted highly vulnerable populations. With supervision by laboratory technicians, community lay counselors participated in scaling up the new HIV testing algorithm using finger prick in remote rural areas.

? With support from the USG and other donors, the Ministry for the Fight against AIDS (MLS) organized the first National Testing Day in Abidjan, the capital city; more than 12,000 people were counseled and tested and received their test results. Mass media and community mobilization for the event generated considerable public interest, although no data on its impact on demand over time is available.

? USG efforts to improve laboratory commodities procurement resulted in a more continuous supply of reagents at supported sites.

? Mobilization of HIV-positive clients to encourage their families, including children, to be tested

? Use of mobile TC units in rural areas, in the North, and in cities in order to reach high-risk and underserved populations such as sex workers and the uniformed services.

? Scale-up of early infant diagnosis in PMTCT clinics, with linkages to nutrition, immunization, and OVC gateways.

? A twinning partnership between three Ivorian organizations and Liverpool VCT of Kenya worked under the supervision of the PNPEC to strengthen the quality and sustainability of TC services through South-South capacity building.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-

cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion.

In HVCT in FY 2010, these strategic emphases will be reflected in better coordination to improve MOH/PNPEC and national districts efforts to standardize practices of training, service delivery, supervision, monitoring and to moderate expansion of coverage and access. Targets of testing 725,300 people at 600 sites represent strategic decisions taking into account reduced overall funding, growing but limited capacity to provide needed care and treatment, and unexploited opportunities for testing at health facilities. (These targets represent only moderate increases from FY 2009, since they include 244,150 pregnant women and 6,150 HIV-exposed infants who were not counted in TC targets in previous years. For comparison purposes, the non-PMTCT testing targets will increase from 400,000 to 475,000 people tested.)

Clinical partners (EGPAF, ACONDA, ICAP, and HAI) will continue to focus on expanding PITC, with more than 70% of testing events expected to occur in health care centers, complemented by community-based testing at free-standing TC centers, mobile units, and limited door-to-door testing. Capacity building including revision of training materials and training of trainers will be conducted by the national care program with assistance from implementing partners under the lead of SSDS. Both facility-based and community-based training curricula will be revised to address family-centered and couples TC components. Efforts will continue to improve coordination of TC activities, including supervision and quality assurance, through the MOH/PNPEC, the national TC technical working group, and other forums.

Specific FY 2010 priorities include:
? Full implementation of routine PITC and family-centered care and support at all health facilities (including TB, antenatal, STI, and ART settings).
? Scale-up of a simplified HIV rapid-test algorithm using whole-blood finger-prick methods and accompanied by intensive training for professional and lay personnel.
? Targeting of 70% of TC efforts at health facilities, where clients are more likely to be HIV infected, with 30% at existing community-based sites, including outreach to underserved areas (rural and northern zones) and higher-risk groups (sex workers, soldiers, discordant couples).
? A comprehensive district-based approach to testing that includes HIV prevention behavior-change communication,
? A promotion of activities and services addressing family norms and behaviors such as linkage with HIV patients' relatives and partners in order to increase gender equity and reduce HIV/AIDS stigma,,
? Reinforcement of referral to ART, care, and effective links with community-based care and OVC services,
? Strengthening of community and PLWHA involvement, including harmonization of community-based tools and effective links with PLWHA groups to ensure care and support,
? Reinforcement of TC promotion (using peer educators, local languages, mass media, etc.) and training,
? Expansion of community-based TC services through limited door-to-door testing (focusing on families of PLWHA) provided by lay counselors,
? Expansion of a National HIV Testing Day led by the Ministry of the Fight Against AIDS and RIP+ (national network of PLWHA organizations), with strong technical assistance from the CDC/Retro-CI Lab,
? Development of post-test counseling approaches focusing on prevention messages for HIV-negative people,
? Strengthening of the national referral system for treatment, care, and support.
? Strengthening and expansion of TC among children, including early infant diagnosis and routine serology testing for children older than 12 months,
? Participation in a multi-country public health evaluation to assess effective interventions to provide routine and provider-initiating counseling and testing.

To address human-resource limitations, initiatives will continue with targeted recruitment of staff for underserved areas and training and support for both health-professional TC providers and non-health-professional counselors.

The USG will continue to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, and FBOs as well as local governments and ministries to manage and be accountable for implementing activities and achieving intended results.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	6,690,000	
Total Technical Area Planned Funding:	**6,690,000**	**0**

Summary:
Context and Response

Health systems strengthening (HSS) is the key component in ensuring effective coordination, meeting human resource needs, and decentralizing services in a national multi-sector response to the HIV/AIDS epidemic in Cote d'Ivoire. Systems and organizations that focus on ensuring national health objectives contribute to the WHO Health Systems Strengthening Framework's building blocks (service delivery, health workforce, finance, information, leadership/governance) to accomplish the HSS goals of improved health, responsiveness, social and financial risk protection, and efficiency.

In Cote d' Ivoire, HSS activities have contributed to these building blocks at national, district, and community levels in the public and private sectors. Interventions have focused mainly on strengthening coordination and implementation capacity, building human capacity, strengthening the management capacities of the Department of Human Resources (DHR) at the Ministry of Health (MOH), and reinforcing workplace programs. Support for the MOH has focused on improving its planning, coordination, and monitoring and evaluation (M&E) capacities, as well as building effective collaborations with other technical ministries (Education (MEN), Family, Women, and Social Affairs (MFFAS)). Support for the Ministry of AIDS (MLS), which is charged with overall coordination of the national HIV/AIDS response, includes the creation of a National Technical Secretariat in charge of operational planning and coordination and the creation of a decentralized platform for technical support and data collection.

A public health sector assessment in 2006 revealed shortages in all areas and identified gaps in critical skills sets. Following the development of a national human resources for health (HRH) strategy, PEPFAR has supported the Ivoirian government's efforts to train and retain human resources needed for the delivery of quality HIV/AIDS services. These include matching of pre-service training with real-world skill needs, support for the reopening of nursing schools in the central and northern regions, and continued development of pre-service and in-service training capacities through traditional (academic, on-site, etc.) approaches and the exploration of innovative ways to encourage and deliver continuing education using information technology and other media. Continuing challenges include policy development and revision, coordinated training of health care workers (particularly for the management of sexually transmitted infections), and registration and management of drugs and commodities.

Current PEPFAR support focuses on building the capacity of government and civil society to plan, support, and maximize the impact of technical interventions, with key activities and achievements in the

following areas:

1. Strengthening coordination of health and non-health sector interventions: PEPFAR is supporting government-wide efforts to improve data collection and information sharing to enable effective decision-making and advocacy. A new training program in health program management, M&E, and epidemiology is strengthening capacity for coordination and information management. The coordination role of the MLS is being reinforced at the central and regional levels through improved planning and coordination capacities and tools.

2. Supporting decentralization of the MOH: As HIV/AIDS services are scaled up, the capacity of local and regional authorities to provide management and oversight of care and treatment programs is essential. PEPFAR is helping to address this challenge by supporting the decentralization unit of the MOH (SASED), including an analysis of decentralization and the management of social services by decentralized entities; development of a collaboration framework between the MOH and decentralized units; development of curricula to train MOH staff on the implications of decentralization for priority health programs; and collaboration with 10 districts and two regions to develop costed health development plans.

3. Reinforcing operational capacities of health districts: Building on successes in the Abengourou health district in contributing to the rapid scale-up of ART, PMTCT, and TC services, PEPFAR partners are helping to improve the operational capacity of 14 districts through strengthened district health teams, training and coaching, laboratory equipment, support for management of consumables and lab reagents, vehicles for supervision, transportation of lab samples, and supervision visits.

4. Building human resources for health (HRH): To help address the perpetual problem of insufficient health care personnel, a major barrier to the expansion of HIV/AIDS services, PEPFAR partners are providing financial and technical support to train 50 medical students in HIV, TB, and malaria through theoretical coursework and a six-month practicum in rural health care facilities; 50 social work students in pre- and post-test counseling, ART adherence education, and psychosocial support for OVC; 25 pharmacy students in drug and lab-reagent supply-chain management and logistics; and 25 new midwives in PMTCT. PEPFAR funding is also supporting the reinforcement of human and institutional capacity at the national health-care worker training institute (INFAS) and medical school to increase the number of trained nurses, laboratory technicians, and physicians, including salary payment to 35 instructors at INFAS, strengthening of the reference library at INFAS, a pilot incentive scheme for health workers in hard-to-fill posts, and technical assistance to improve human-resources management.

To help the MOH manage human resources for health, PEPFAR provided funding in FY 2008 to establish a human resource information system (HRIS). With FY 2009 funding, this system is being extended to three health districts and five health regions, with basic information technology infrastructure and training. The record-archiving system at DRH is also being improved through minor rehabilitation, identification of storage space, and new IT infrastructure and software.

5. Workplace programs: Support to the MLS is continue to strengthen collaboration platforms between the private and public sectors as a way to increase workplace HIV initiatives, especially in the cocoa sector and among women's cooperatives involved in food-crop production and marketing.

6. Building capacity: PEPFAR funding is continuing to provide technical assistance through SSDS to several national and local organizations to help address cross-cutting organizational (managerial, programmatic, financial, and accounting) challenges. Beneficiaries include care and treatment partner ACONDA, the rural-development agency ANADER, Alliance Nationale Contre le VIH/SIDA (a national umbrella NGO that manages sub-grants and provides technical assistance to community-based organizations) and several of its current or former subpartners. PEPFAR partners are also supporting the

extension of a performance-based sub-granting approach to two health districts and providing assistance for the integration of HIV and reproductive health/family-planning activities, in collaboration with an organization of HIV-positive women and a family-planning association, within the limit of OGAC guidance.

7. Technical assistance to the CCM: Through MSH, PEPFAR is building the capacity of the Global Fund Country Coordinating Mechanism in proposal development, leadership and management, M&E, and resource mobilization. Among key activities are the development and packaging of a virtual program on CCM governance using a combination of CD-ROM, Web-based tools, and a facilitator guide for face-to-face trainings on governance and transparency, providing the CCM a reusable tool to train and orient new members to the CCM's responsibilities and areas of accountability.

In addition to these ongoing activities, a substantial portion of FY 2009 funding is devoted to supporting greater country ownership of the HIV/AIDS program and laying the groundwork for a successful Partnership Framework (PF) with HSS as its centerpiece. Aligning its PF development timetable with a 2010 process for a new National Strategic Plan (2010-2013), PEPFAR is providing financial and technical support for substantial preparatory work, including a Demographic and Health Survey Plus (DHS+) to be carried out in 2010, a National Health Accounts exercise, a health systems survey, a policy analysis and agenda, task-shifting policy work, and the national strategic planning process. Significant efforts have been invested in better coordination, information sharing, and joint planning and review with the host government and other donors during COP and initial PF development processes.

Goals and strategies for the coming year

Cross-cutting HSS activities with maximum spill-over benefit are top priorities funded in all technical areas. Examples in COP 2010 range from scaled-up quality-improvement collaboratives and lab accreditation processes to a national strategic plans (lab, SI) and a variety of information and management systems for ARV drugs, lab commodities, ART patient records, and HIV/AIDS and other health data. In addition, OHSS budget code funding in FY 2010 will focus on capacity building for improved central and district-level coordination, building the capacity of national and local NGO/CBO/FBOs, the pursuit of efficiencies through task-shifting, scale-up of efforts to improve the policy environment, and better M&E systems. These priorities reflect the five cross-cutting strategic emphases identified during a USG strategic-thinking exercise conducted in 2009, in preparation for development of a PF and involving the GoCI, PEPFAR partners, and other stakeholders: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. Building on and expanding FY 2009 activities, FY 2010 priorities will include:

Decentralization: The USG will advocate for and support the effective decentralization of the MOH with district control over resources, capacity building for health district micro-planning, and the extension of an MOH human resource information system. PEPFAR funds will continue to improve the capacities of MOH and MLS regional and district management and technical teams to plan, coordinate, and improve the delivery of HIV/AIDS services, including the integration of reproductive health and family planning in HIV services.

Coordination: Outside experts will conduct a management and organizational assessment for the MLS, followed by support for clarifying roles and responsibilities and improving decision-making structures. The USG will support the MLS with management training to strengthen the coordination of HIV interventions and policy development, as well as with assistance in developing the new National Strategic Plan. PEPFAR will work to collaborate more closely with other donors (United Nations, European Union, World Bank) as well as the CCM/Global Fund via monthly coordination meetings in an effort to coordinate support for overall health systems strengthening, thus avoiding duplication and promoting synergies.

Efficiency will be improved through the promotion of task-shifting (ART to nurses and HIV testing to trained community counselors) and strengthened monitoring of partner practices and compliance with USG regulations,

Private-sector and workplace interventions: PEPFAR partners will provide technical assistance to help mobilize private-sector involvement in the HIV/AIDS response, and the USG will work to strengthen government engagement with the private sector, pursuing partnership initiatives in pediatric care, lab accreditation, HIV prevention outreach through sports, and TB/HIV. PEPFAR will continue to support MLS efforts to expand the number of sector HIV/AIDS committees that develop action plans and implement workplace activities, including appropriate network linkages and referrals. Technical support to the MLS and the Cote d' Ivoire Business Coalition (CECI) will strengthen coordination of these workplace interventions, documentation and dissemination of best practices, and standardization of quality assurance and M&E tools.

Prevention: FHI will assist the MLS to develop a protocol and conduct situation analyses of KABP and access to HIV-related services in three prisons and to conduct situation analyses of KABP and access to HIV-related services in three labor/trade and agricultural associations. Technical assistance will be provided to reinforce coordination and allow for the exchange of best practices among implementing organizations and technical experts through technical working groups for vulnerable populations.

HRH: USG support will build GoCI capacity to train and retain HRH through financial and technical support for pre-service and in-service training programs, an incentive scheme for health workers in hard-to-fill posts, development of a system of accreditation and certification for trainings, and assistance to improve human-resources management. PEPFAR will continue to provide financial and technical support to train medical, social work, pharmacy, and midwifery students in areas such as HIV, TB, and malaria care, OVC care, supply chain management, and PMTCT. PEPFAR funding will also continue to support the reinforcement of human and institutional capacity at INFAS and medical schools nationwide to increase the number of trained nurses, laboratory technicians, and physicians. Interventions are expected to support pre-service training for 1,300 health care workers, pre-service training for 1,200 community health and social workers, and in-service training for 14,132 health care workers by September 2010.

Capacity building: Technical assistance will continue to strengthen national and local organizations providing HIV/AIDS services, as well as supply chain and procurement systems, Global Fund programs, and donor coordination. Track 1 partner EGPAF will work with the MOH and PEPFAR to transition care and treatment responsibilities to Ivoirian entities. A TBD follow-on partner will continue to support capacity building of the CCM as well as to the new TB and HIV principal recipients (including the MOH) to facilitate a quicker, more effective grant negotiation and signature period for the recently approved Round 9 grants. The partner will provide technical assistance to the four new and two current PRs for Rounds 8 and 9 to develop and install effective project and financial management systems, including the new “dashboard” developed for GF projects, to ensure better oversight of implementation.

Policy reform: Important policy priorities were identified in collaboration with the GoCI and other stakeholders in 2009, and negotiating and implementing a joint policy reform agenda will be a major part of the PF process.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	2,653,000	
Total Technical Area Planned	**2,653,000**	**0**

Funding:		

Summary:
Context and Background

The national public health laboratory system in Cote d'Ivoire has three levels: the tertiary or reference level, with laboratories at the four university teaching hospitals, and five specialized institutes (including the National Public Health Reference Laboratory (LNSP) and National Blood Bank (CNTS)) and research centers; the secondary or intermediate level, with 18 regional hospital and 56 general hospital labs; and 1,486 primary health centers with basic lab services. Private laboratories (195) also provide a range of services. Of the 1,560 health structures authorized to provide laboratory services, fewer than 300 are operational, and few of these provide the full range of services.

The LNSP's mission is to develop and implement laboratory standards; to organize, implement, and monitor quality assurance (QA)/quality control (QC) procedures; and to regulate laboratory creation and operation. Several factors have limited its ability to fulfill its mandate, including weak human resource capacity, weak management of the medical laboratory part, lack of clear policies, and poorly resourced infrastructure. Because of the weakness of the LNSP, CDC/Projet Retro-CI acts as the national reference laboratory for HIV/AIDS. Retro-CI has been charged by the National HIV/AIDS Care and Treatment Program (PNPEC) with evaluation and validation of national HIV testing algorithms, evaluationg of new lab practices and technologies, and provision of support and guidance on lab policy issues. Three other laboratories function as reference laboratories to support the HIV/AIDS program. The Institut Pasteur Cote d' Ivoire (IPCI) is the national reference laboratory for TB diagnosis and surveillance of infectious/epidemic diseases. CeDres, a central lab affiliated with the university teaching hospital in Treichville, acts as the reference laboratory for immunology and has technical and human capacity to work closely with IPCI in supporting the TB lab program. CIRBA is a private laboratory in Abidjan that serves a large HIV outpatient clinic and has technical and human resource capacity for molecular diagnosis.

The national school of health professionals (INFAS) has the mission to train lab technicians, nurses, midwives, etc. in a three-year post-secondary program. From 1991 to 2000, only 216 lab technicians and 21 lab engineers were trained. Among the principal limitations of the school are inadequate infrastructure and equipment, a lack of teachers, and incomplete HIV/AIDS training modules. A human resource evaluation conducted in 2005 by Abt Associates showed there was a need for 533 additional lab technicians to support the public health system in reaching the HIV/AIDS national strategic plan goals by 2008. INFAS is part of the Ministry of Health (MOH) department of training and research (DFR) in charge of coordinating, evaluating, and monitoring pre- and in-service training of health professionals. The MOH also has a department charged with developing and maintaining health infrastructure and equipment (DIEM); DIEM has decentralized services (CRIEM) in six of the 19 regions of Cote d' Ivoire and has the mandate to oversee all procurement, building, and renovation of health infrastructure and equipment.

The main challenges facing Cote d'Ivoire's laboratory system are the absence of a clear policy outlining a national vision for the medical lab system, lack of a clear mandate for the LNSP, and weak coordination of lab activities. Most district lab infrastructure and human resources do not comply with national standards, which has hampered expansion of the HIV/AIDS program.

The USG works to address these weaknesses by funding the MOH/LNSP and technical assistance partners CDC/Retro-CI and CDC Lab Coalition (APHL, ASM, ASCP, and CLSI) to support:

• Institutional strengthening for key MOH structures in order to improve coordination, sustainability, advocacy within the GoCI, and laboratory policies.

• Improved pre-service and in-service training for lab technicians
A national external quality assurance (EQA) program
• Address the sustainability of maintenance issue for lab equipment procured by PEPFAR
• A functional information system for lab
• Quality services to HIV /AIDS patients by implementing partners

Accomplishments since the last COP

In February 2009, with the support of the CDC in-country team, APHL, and WHO, Cote d' Ivoire completed its first national medical laboratory strategic plan for the integration of HIV/AIDS, TB, malaria, and opportunistic infection diagnosis and treatment services, which included strategies developed by other MOH departments involved in laboratory activities. The development of such a global plan is important for better coordination and use of available funds and opportunities to strengthen the entire laboratory system.

HIV testing and counseling (TC) is a high priority for the government of Cote d' Ivoire (GOCI). By September 2009, with PEPFAR support, 672 testing sites (258 TC, 414 PMTCT) were operational. Despite this progress, national coverage of HIV testing services remains weak in some areas, particularly in rural settings. In June 2009, the Ministry of AIDS (MLS) organized the first National Testing Day. Among 12,526 people tested, 458 wer HIV-positive. The CDC/Retro-CI lab provided technical assistance, including retested 10% of the samples for quality-control purpose.

After a new HIV whole-blood finger-prick-based testing algorithm combining Determine, Bioline (confirmatory), and Stat-Pak (as a tie-breaker) was evaluated in 2008, it was validated by the MOH and piloted at 70 sites, along with an HIV lab logbook developed in collaboration with CDC-Atlanta. The pilot showed 16% false HIV-1/HIV-2 dually reactive patients, compared to the <5% expected. In response, two national algorithms have been approved and are being used: Determine + Stat Pak at point of care and in the community, and Determine + Genie II at central, regional, and district hospitals for patients identified as HIV+ by the first algorithm. The MOH's National HIV/AIDS Care and Treatment Program (PNPEC) also proposed that more HIV rapid tests be evaluated.

The early infant diagnosis (EID) program, started in 2007, was scaled up to 329 sites, with 4,823 infant tested, 5,312 PCR assays performed, and 450 health providers trained for the collection of DBS in FY 2009. For the roll-out, PEPFAR supported the renovation and equipment of three central labs (CIRBA, CeDRes, and IPCI).

In-service training on HIV testing, CD4 count, hematology, chemistry, and direct-smear microscopy were led by the PNPEC and the National TB Program (PNLT) using standardized training modules. With the PNPEC, LNSP, and IPCI, Retro-CI initiated supervision of 14 district and regional laboratories offering HIV services. Retro-CI also conducted three supervision missions of HIV rapid testing activities.

PEPFAR-supported labs advanced in implementing a standardized list of lab equipment, developed in 2008 with national stakeholders. Among 67 supported labs offering full HIV monitoring tests, only eight need to replace equipment to comply.

In January 2009, the PEPFAR lab team, in collaboration with SCMS and national stakeholders, developed a lab information logistics system that will be implemented countrywide in FY 2010 and will allow collection of monthly lab test consumption and monitoring of stocks at peripheral and central levels.

CDC/Retro-CI and ASM worked with the PNLT and IPCI to improve diagnostic capacity through lab renovation, procurement of equipment, and training for implementation of rapid TB liquid culture and molecular detection of MDR-TB The USG team worked with the PNLT, CAT Adjame, IPCI, and CeDRes

in support of the continued development of national TB diagnostic capacity. TB diagnostic equipment was procured through ASM and a new collaboration with FIND (committed to donating two MGIT liquid TB culture instruments to CeDRes and the CAT Adjame as well as several fluorescent LED microscopes, molecular diagnostic instruments, and related commodities for TB diagnosis and DST). The USG team is providing ongoing technical assistance to the PNLT and IPCI related to lab renovations to ensure that both institutions meet international criteria for a P3 laboratory. ASM continues to provide technical assistance to IPCI to assess and strengthen the existing external quality assurance (EQA) program for smear microscopy and has introduced blind rechecking through a pilot at 11 TB testing centers.

In FY 2009, CLSI helped Retro-CI, LNSP, and IPCI prepare for accreditation; IPCI was able to complete the mentorship program. ASCP and INFAS developed a consensual workplan for revising the curriculum to aid in teaching lab-focused methods and courses, but implementation was delayed by ASCP staff changes.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In HLAB in FY 2010, these strategic emphases will be reflected in priority support for validation and implementation of the national laboratory strategic plan; human resource development; and accreditation plans and processes, including new quality improvement activities with the University Research Co. (URC).

FY 2010 funding requested in HLAB is significantly lower than last year because all costs related to direct service delivery and to Retro-CI management and operations have been shifted to other budget codes. Some costs for INFAS and LNSP renovation will be supported by FY 2009 funds. HLAB priorities for FY 2010 include:

1. Validation of the national laboratory strategic plan, with support from APHL and Retro-CI. The plan will serve as the basis for all national lab activities and coordination of national programs, stakeholders, and donor agencies in improving the national laboratory network.

2. Capacity building to strengthen the laboratory system throughout the country, with support for MOH leadership and coordination through:
a. Support for the LNSP to assume leadership as a true national reference laboratory by enhancing its infrastructure and human resource capacities, providing technical assistance to improve competencies for HIV diagnosis and expertise for the establishment and management of a national EQA program. LNSP will assume greater responsibility for reference HIV testing, ANC sero-surveillance, the DHS+, post marketing surveillance of HIV rapid test kits, algorithms, and alternative blood collection methods.
b. Redacted
c. Support for the PNPEC and DFR for the organization, coordination, evaluation, and monitoring of in-service training for lab technicians, including development of a national in-service training plan.
d. Capacity building to help the DIEM to develop and implement a national program for the maintenance of lab equipment in public health facilities. DIEM will work with SCMS to develop tools and documentation for a global maintenance contract for lab equipment procured by PEPFAR.

3. ASCP will assist INFAS to develop and improve training curricula for pre-service training of lab technicians and organize training for trainers and teachers. ASCP will also assist the DFR for the validation of lab in-service training materials and certification of in-service training as well as development

of indicators to help monitor in-service training and its impact on laboratory service delivery.

4. URC and ASCP will help strengthen the national institution in charge of lab accreditation (CRESAC) and develop a national plan for the implementation of the WHO-AFRO accreditation scheme. The goal is to have 24 laboratories - the three central laboratories, the national blood bank laboratory, and 20 district and regional labs already engaged in the URC quality improvement program achieve Level 1 accreditation. In addition, CLSI will continue to assist Retro-CI, LNSP, and IPCI in complying with international standards and development of the accreditation plan.

5. ASM will continue to assist IPCI for the implementation of diagnostic capacity related to TB, OIs, and STIs, as well as a national EQA program at six STI clinic labs and six regional labs. ASM will also work with the PNLT and IPCI for the development and implementation of a national plan for TB infection control. ASM will complete renovations at LNSP and INFAS.

6. With Strategic Information funding, I-TECH will continue implementation of an open-source lab information system at Retro-CI, LNSP, and IPCI.

6. Continued support to SCMS for the quantification and procurement of lab commodities to support the national HIV/AIDS program. SCMS and the National Public Health Pharmacy (PSP) will be responsible of implementation of the lab logistics management information system developed and validated by the MOH in FY 2009, as well as for procurement and distribution of paper data-collection tools.

7. Support for scaling up HIV/AIDS lab services (including equipping five additional labs) with a focus on improving the quality of lab services nationwide. PEPFAR will support scaling up implementation of the QA program for at least 200 lab testing sites and implementing a specimen-referral system. Partners plan to support lab services for 300 ART sites, 590 TC sites, and 500 PMTCT sites, with testing of 7,000 specimens for early infant diagnosis, while continuing to transfer DBS-based DNA-PCR technology and strengthening three national central laboratories.

Retro-CI will continue to support the national HIV/AIDS program through provision of routine HIV testing at the University Hospital in Treichville and will serve as a back-up laboratory for PEPFAR TC and care and treatment partners for about 6,000 patients. Retro-CI will continue to coordinate PEPFAR-supported laboratory activities in collaboration with PNPEC and relevant national laboratory institutions and transfer expertise by providing technical assistance to the laboratory network through training, supervision of lab activities, and implementation of quality assurance programs under the leadership of LNSP. Retro-CI will work closely with the national association of laboratory technicians to support continuing education related to best laboratory practices by supporting two annual meetings for this purpose.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	13,429,673	
Total Technical Area Planned Funding:	**13,429,673**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	8,865,088	
Total Technical Area Planned Funding:	**8,865,088**	**0**

Summary:

Context and Background

Cote d'Ivoire, a country of 20 million people, has one of the highest HIV prevalence rates in West Africa (estimated at 3.9% in the adult population by UNAIDS (2008) and 4.7% by the national AIDS Indicator Survey (AIS 2005)). The AIS showed higher rates among women than men (6.4% vs. 2.9%) and geographic differences that included marginally higher HIV prevalence in urban vs. rural settings and marked regional differences, from 1.7% in the Northwest to 5.8% in the East and 6.1% in Abidjan. Sexual debut was reported by age 15 for 23% of females and 10% of males, by age 18 for 71% of females and 48% of males. Among unmarried women aged 15-19, 31% reported having a sex partner who was at least 10 years older, with female OVC at high risk of transactional or intergenerational sexual relationships.

The AIS estimated that 16% of children were orphaned or vulnerable, including 8% who had lost father, mother, or both. These OVC rates did not vary significantly by gender or urban/rural residence, but they increased markedly with age, from about 9% of infants to 25.3% of the 15-17 age group. OVC rates were lowest in the North (4.2%) and Northwest (7.2%) and highest in the South (18.4%) and in Abidjan (18.2%). HIV-related OVC are estimated to number 540,000, including 80,000 children living with HIV (UNAIDS 2004).

Institutional and community-based services for HIV-affected families are limited, especially outside the metropolitan area of Abidjan. As the country’s politico-military crisis eases, recovery and normalization have been slowed by a broad economic downturn that continues to disrupt social, health, and education services; food security; and factors that contribute to household poverty and vulnerability of children already affected by HIV or AIDS. Opportunities remain limited for wrap-around USG programming, leveraging third-party donor funding, or significant local private-sector partnerships for OVC care and support. Although UNICEF and the World Food Program contribute to the national OVC strategy, PEPFAR is the only major donor for OVC activities in the country, with the World Bank re-engaging as the country stabilizes. The PEPFAR team continues to seek opportunities to collaborate with UNICEF to maximize assistance for child protection, education, and the broader national response, as well as increasing coordination with the UNFPA to use existing and new research on gender-based violence, youth accessing health and social services, and women's income generation to inform projects with adolescent female OVC and female caregivers.

Although the lack of major donors has presented challenges in identifying and serving large numbers of OVC, Cote d' Ivoire has taken important steps, with PEPFAR assistance, toward ensuring OVC support through policy, coordination, capacity-building for NGO/CBO/FBOs, training of caregivers, and delivery of direct quality services. OVC care is coordinated through the Ministry for the Family, Women, and Social Affairs (MFFAS) and its National OVC Program (PNOEV) in cooperation with the national advisory group on OVC (C-ROS, formerly known as CEROS-EV). With support from PEPFAR and UNICEF, the PNOEV has led the participatory development and dissemination of the National OVC Strategic Plan (2007-2010), the Ministry of AIDS sector plan, and the national OVC policy and M&E plan (2007-10). These documents define the national priority of supporting OVC within families and communities. PEPFAR funds contribute by engaging partners with a mandate to build the capacity of local organizations to identify, assess, and meet the needs of OVC while strengthening systems to coordinate, manage, and track progress at local, district, and national levels.

FY 2005-2009 Response

Based on the national OVC policy, standard criteria for services to be provided for OVC (based on their needs) were developed and disseminated. Identification of OVC is conducted at service entry points in PMTCT, HIV testing and counseling (TC), and health-care settings and by community committees and local NGO/FBO/CBOs, which provide an initial needs assessment and household follow-up. A central part of the OVC strategy is to build linkages that allow any child living in an HIV-affected household to receive comprehensive services based on an assessment of needs, including pediatric HIV treatment if needed, with referrals and follow-up to ensure integrated care. In FY 2005-2006, the district pilot project of San Pedro (IRIS) was designed as a model for providing a continuum of linked health services (palliative care, TC, PMTCT, HIV/TB, ART, and STI treatment) and social services with a focus on OVC. PEPFAR funds allowed the PNOEV to pilot and extend the use of social centers as platforms for coordinating OVC-related activities (including education support with the Ministry of Education), ensuring sector and geographic coverage, and sharing lessons among organizations in the public and private sectors within a specific zone. Twelve more platform sites were added with FY 2008 funds, and another 12 have been added with FY 2009 funds, bringing the total to 40 OVC platforms established and in various stages of reinforcement.

In the past five years, PEPFAR, Global Fund, World Bank, and UNICEF funded the rapid expansion of sub-grants to C/F/NGOs to support decentralized services for OVC and their host families and community services. PEPFAR partners are implementing grant programs, training, and referral systems to ensure local ability to identify OVC, assess their needs, and provide comprehensive care. This includes Alliance Cote d' Ivoire, Care International, and Olive Leaf Foundation (since August 2009, in place of Hope Worldwide), which are working to analyze the capacity, mentor, and strengthen small partner organizations that identify OVC and provide direct services. ANADER continues to strengthen rural OVC identification and service delivery by establishing and training village committees and community educators, while FHI assists the PNOEV in efforts to improve district-level coordination and harmonization of data collection among government agencies and civil society.

The PNOEV continues to advocate for OVC legal rights and protection and with assistance from JHU/CCP has developed a communication campaign and strategy for the promotion of OVC rights, no-fee legal documentation, and reduced expenses for social services for OVC. The Ministry of Education is using PEPFAR funds to help OVC stay in school and succeed in their studies through social worker and teacher training, the provision of basic learning materials, and direct nutrition support through access to school cafeteria programs. AVSI and Save the Children UK are reinforcing child protection and family-focused economic strengthening, with an emphasis on vulnerable girls. PATH is working to improve early childhood nutrition and care, with a strategy to increase coverage by collaborating with care and treatment partners. PEPFAR ART and PMTCT partners provide referral services for OVC through lay counselors and assistance to organizations at all sites implementing a family-focused comprehensive package of HIV prevention and care interventions with linkages to community-based OVC and care and support services. Through SCMS, PEPFAR is acquiring basic medicines for the primary health care needs of the most vulnerable children affected by HIV.

In FY 2009, 95,875 OVC were provided services with direct PEPFAR support, exceeding the target of reducing the vulnerability of 80,000 children. The PEPFAR and national OVC programs focused on quality of OVC services by engaging all stakeholders in a collaborative quality improvement process supported through URC and Measure. This has led to the development of quality standards for each of the 6+1 technical areas of OVC services, which will be tested in four pilot social centers. This process includes integration of the Child Index Status in national monitoring and evaluation tools, primarily to analyze whether programs prioritize the most vulnerable children and adjust data for decision-making over time, as well as to determine whether the CSI is realistic and accurate in monitoring the well-being of

children receiving services. Lessons learned will contribute to finalizing minimum quality standards and plans for scale-up to other social centers and districts. The strategy enables OVC coordination platforms within social centers to implement a decentralized sustainable national OVC and family services system using standardized guidelines with flexibility to determine how services will be delivered in the field.

Goals and Strategies for the Coming Year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion.

PEPFAR and national priorities for FY 2010 focus on systems strengthening, coordination, capacity building, and quality assurance to enhance national ownership and sustainability of programs. In addition to continued national and decentralized systems strengthening for improved coordination and quality, services at the individual and family levels will continue to be based on the actual needs of vulnerable children and their households. The approach will be family-centered, i.e. one counselor providing a family with services that include care and prevention for people living with HIV, if necessary, and following up on OVC program access and results. This approach includes establishing linkages between the OVC services and HIV-affected families to reinforce families' long-term capacities to meet their own needs and care for vulnerable members as the basis of a sustainable response to children affected by HIV/AIDS. Programs with direct service delivery will take into account the evidence base (country context, data and situation analysis, child and family needs assessment, best practices, etc.) and include measurable outcomes that make a difference in the well-being of the child.

A modestly increased target of providing care and support for 90,000 OVC by September 2010 takes into account reduced overall funding for PEPFAR CI and its OVC program as well as some uncertainty about the exact timing of follow-on awards for several partners whose awards will end in 2010. Planned activities will:

1. Build on progress in strengthening the ability of local organizations and community members to identify OVC and families affected by HIV/AIDS in need of support services, assess their needs, and provide referrals and quality care with appropriate monitoring in the context of the family/household. Training, mentoring, and follow-up among care and treatment partners, PMTCT implementing partners, and others responsible for facility-based identification will improve referral and monitoring of family member-CBO linkages for OVC support services.
2. Reinforce 40 social center platform sites (including 12 sites being added with FY 2009 funding) to continue capacity building and coordination of local service providers, formalize referral systems, and strengthen the standardizing of data collection started in FY 2008. This will build on steps that MFFAS began in 2008 by expanding state support of social centers by purchasing buildings, assigning salaried staff, providing operating resources, and working at the cabinet level to institutionalize the model of the Restructured Social Center (which includes the OVC coordination platform model). PEPFAR will continue to work with the PNOEV SI team, C-ROS, and platform directors to ensure that by September 2010, data-entry systems are adapted and used in pilot sites and local N/C/FBOs are entering data directly at the platform sites. The platforms are a strong tool for coordinating local responses, and strategies in FY 2010 will reinforce non-monetary incentives (training, access to computers, local recognition, etc.) to help ensure utilization and maximize consistency of data collected.
3. The PNOEV, with technical assistance from URC, will continue to strengthen referral systems and improve quality and consistency of service delivery and extend the quality improvement (QI) process to platforms in accordance with the national extension strategy. Abt Associates and Measure will support database improvement and training and GIS mapping of OVC programs, and other PEPFAR OVC partners will begin assisting in the extension of the QI process after an evaluation of the pilot phase.
4. All PEPFAR ART and PMTCT service providers will continue to engage lay referral counselors at all sites dedicated to providing a comprehensive package of HIV prevention interventions and effective

referrals to community-based OVC and care and support services. Efficiency of OVC care delivery will continue be improved by funding all OVC partners to cross-train their OVC community caregivers to provide community- and home-based palliative care and support as well, and vice versa. PEPFAR is also participating in national strategic planning to implement core competencies and incentives for community and lay counselors.

5. PEPFAR partners will continue to work with the C-ROS to develop strategies for meeting the needs of especially vulnerable children and youth. This includes co-planning and complementary services when appropriate, advocacy with the Ministry for Technical and Vocational Training and the private sector to address livelihood security and preparation for work among older OVC (ages 18-24), and advocacy with the Ministry of Youth to provide psychosocial support for older OVC no longer eligible for OVC-specific programs. Partners will continue to develop and implement strategies for nutritional assessment and support for younger children and will work to reduce the vulnerability of adolescent female OVC through income generation, psychosocial support, HIV prevention, and synergies with life skills and male-norms programs in AB prevention. Social workers and OVC caregivers will be trained in income-generating activities, based on a best-practices guide created with FY 2008 funding, with implementation efforts prioritizing female OVC caregivers.

All USG-funded partners will report to the PEPFAR strategic information team with quarterly program results and other requested program data. To help build one national monitoring and evaluation system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	1,873,000	
PDTX	2,183,000	
Total Technical Area Planned Funding:	**4,056,000**	**0**

Summary:
Context and Background

Cote d' Ivoire's adult HIV prevalence is estimated at 3.9% (UNAIDS 2008). The epidemic is marked by important gender differences (6.4% of women vs. 2.9% of men) and limited access to and uptake of PMTCT and testing and counseling (TC) services. It is estimated that 52,000 children are living with HIV (UNAIDS 2008), 14,000 of whom are in need of ART (Towards Universal Access 2008). Little data is available on uptake and coverage of HIV testing among children, but in 2007, routine TC of children attending the pediatric ward at the University Teaching Hospital of Treichville showed that 32% were infected with HIV. The early infant diagnosis (EID) program showed a 14.6% HIV prevalence among HIV-exposed children in PMTCT settings.

Within the context of a country moving toward stability but limited by poorly equipped and critically understaffed health and social services, the USG program is working to build a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. Care and support services are delivered at 355 health facilities (September 2009), as well as through community- and home-based caregivers, mobile services, and organizations targeting high-risk populations, such as teachers, the uniformed services, and commercial sex workers.

While Cote d'Ivoire continues to make progress in scaling up HIV treatment services, access to ART for children is still lacking. In September 2009, only 2,893 children (20% of those in need) were receiving ART, representing 5% of all ART patients. Key challenges include limited access to PMTCT services, PCR testing and (for children >12 months) serologic testing; few facilities caring for HIV-exposed and -infected infants and children, legal barriers requiring consent from the father before testing children; insufficient integration of HIV services into routine health services; inadequte linkages with the community; limited involvement of the family; and high lost-to-follow-up rates.

PEPFAR continues to work with the National HIV/AIDS Care Program (PNPEC) within the Ministry of Health (MOH) to address these issues. Recommendations from PMTCT joint missions have been used to develop a PMTCT and pediatric care and treatment scale-up plan. Key activities needed to increase uptake and coverage include developing an annual scale-up plan to be aligned with routine district-level action plans, strengthening capacities of districts to carry out PMTCT and pediatric care and treatment services, improving drug and commodities management, expanding the laboratory network and its capacities, increasing human resources, improving monitoring and evaluation, and improving coordination.

PEPFAR funds complement resources provided by the Clinton Foundation (CHAI), UNITAID, and to a limited extent the Global Fund (GF). Based on a common-basket policy, most pediatric ARVs and lab commodities are purchased by the CHAI and UNITAID, while PEPFAR supports service provision in health care centers. In collaboration with the PNPEC, the USG has adopted a regional approach to improve program monitoring and quality of services. Care and treatment services in MOH facilities in the Southwest and Mideast are supported by EGPAF, those in the far West by ACONDA, those in between by ICAP-Columbia University, and those in the Center, North, and Northeast to Health Alliance International (HAI, new in FY 2009) as well as the GF, although GF implementation of services has been weak. Abidjan and surrounding areas are supported by both EGPAF and ACONDA.

Since the GF Round 2 HIV project ended in March 2009, GF has continued to provide ARVs and laboratory commodities to support its current patients. A recently approved Round 9 grant is expected to improve coverage and quality of care and treatment services.

Despite a law and a ministry unit dedicated to promoting gender equality, major gender inequalities in access to economic resources and social services present barriers to uptake of pediatric care and treatment services. Educational and economic disadvantages for women combine with high levels of HIV-related stigma and fear to limit disclosure of HIV status and service use. Women's inability to authorize HIV testing for their children contributes to low uptake of EID services. In its poverty reduction strategy, the government has emphasized improving access to social services and promoting gender equality, and PMTCT and pediatric care and treatment services are free of charge. The MOH has revised the maternal and child health card to include information about HIV. The government is working on a law to decriminalize HIV/AIDS and reduce stigma and is working with UN agencies and NGOs to address gender-based violence, especially in the affected post-conflict zones.

Pediatric Care and Support

The national palliative-care policy (finalized in FY 2006 with USG support) defines minimum standards of care for clinic, community, and home settings, and an implementation plan outlines training and supervision approaches. These guidelines incorporate guidance on cotrimoxazole prophylaxis (recommended for HIV-infected children with CD4 <25%; children at stages 2, 3, and 4 of the WHO classification; and HIV-exposed infants after 6 weeks of age); most programs also support treatment for OIs, malaria, and STIs; basic pain management; screening for TB; and psychosocial support. Some programs are working to incorporate provision of insecticide-treated nets (ITNs), nutritional assessment and supplementation, HIV testing for family members; and interventions to improve hygiene and water safety.

Pediatric Treatment

The basic HIV clinical treatment package provided by USG partners includes ARV therapy, cotrimoxazole prophylaxis, biological monitoring, and limited OI prevention and care, with links to community-based care and support. Improved data management and use include longitudinal follow-up and ARV-resistance evaluations. In 2008, the PNPEC revised the national guidelines on ART and on basic laboratory monitoring tests for ART patients, including a shift from a D4T-containing regimen to an AZT-containing regimen as the preferred first-line regimen for all patients infected with HIV-1. It was also recommended that children undergo two viral-load tests per year. This recommendation has not yet been implemented. In August 2008, the MOH discontinued its ARV cost-recovery system, making ART free for all adult patients but ART was already free for children.

Accomplishments since the last COP

Pediatric Care and Support

In FY 2009, PEPFAR continued to support the PNPEC in implementing a comprehensive care and support program and integrating it within the continuum of care as defined by the national standards of care. Guidelines for community-based care and support and national policy documents on nutrition for PLWHA (including for HIV-exposed and -infected children) were developed, followed by training of providers. The PNPEC finalized a policy on the use of lay counselors in support of prevention, care, and treatment services in health centers and the community. About 6,500 children received care and support with direct USG support during FY 2009 (12% coverage). Despite important accomplishments, the number of children receiving quality care is a small proportion of those in need, and linkages with other services and with community-based programs are poorly defined in some regions.

Pediatric Treatment

As of September 2009, PEPFAR directly supported 258 ART sites, where 4,717 children had ever received ART and 2,893 were currently receiving ART, making up 5% of all ART patients (half the PEPFAR target of 10%).

In FY 2009, the USG continued to assist the PNPEC to rationalize the prescription and use of ARVs. Following the release of new ART guidelines, all PEPFAR implementing partners conducted intensive refresher trainings of prescribers with a goal of switching all patients onto the new regimen by December 2009. Procurement and distribution of ARVs and laboratory commodities improved at supported sites, although better on-site management of drugs and commodities remains a priority. Capacity to support the EID program was expanded to two additional laboratories. The USG team conducted several ART costing exercises to inform planning.

Decentralization and coverage of treatment services continued to be strengthened. In FY 2009, a fourth care and treatment partner (HAI) was enlisted to expand services in the center, North, and Northeast. URC led an evaluation of the quality of continuum-of-care services at all national ART sites (including palliative care, PMTCT, TC, TB, and pediatric treatment services), and results are being used to improve the quality of the program's family-centered treatment approach.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In

pediatric care and treatment, key goals in FY2010 include:

1. Increased population coverage. USG partners will continue rapid expansion of services, with a goal of supporting i) 10,720 HIV-infected children with care and support services (8% of all patients) at 410 care and support sites (including TB), and ii) 4,720 children (8% of all patients) on ART at 300 sites, including sites in all 19 regions of the country down to the district general hospital level and in some cases to the community health center level.

2. Improved quality of pediatric care and support services. Quality improvements will include efforts to strengthen training and supervision for facility- and community-based care providers; to promote systematic screening for TB; to improve nutritional assessment and support, especially infant feeding counseling based on AFASS criteria; to diagnose and treat opportunistic infections; to reduce loss to follow-up before initiation of ART; and to pursue opportunities for wraparound services with other donors/partners, such as provision of heavily subsidized ITNs through the Global Fund, clean-water commodities through the private sector, and nutritional support in partnership with the World Food Program.

3. Systematic provision of cotrimoxazole (at least 96% of infants born in health centers and 52% of all HIV-exposed children). ITNs will be provided to HIV-exposed, -infected or -affected children in regions not covered by the Global Fund Malaria Project. Clean-water kits (container and chemical) will be provided to households in regions with low water quality.

4. Improved linkages between facility- and community-based services and between pediatric care and other services. All PEPFAR-supported ART, PMTCT, and HIV/TB service providers will be funded to engage counselors at all sites who will provide a comprehensive package of HIV prevention interventions for all clients and effective support, follow-up (including provision of medications where feasible), and referrals to community-based care and support services.

5. Supportive policies and practices for HIV-related pediatric care and support. Several partners will continue to work with the PNPEC and stakeholders to implement supportive policies related to the scale-up of EID; to the rollout of the new national HIV whole-blood finger-prick rapid-testing algorithm for children over 12 months; and a redefinition of the role of non-medical health professionals and lay persons in performing HIV tests and prescribing or supporting certain medications. The issue of caregiver burnout will be addressed in topical meetings and through technical assistance to partners.

6. Improved ART performance with increased uptake of pediatric treatment (at least 80% of those eligible) and reduced loss to follow-up. USG partners will focus on providing high-quality care with uninterrupted availability of commodities and systematic accreditation and site openings. A key objective will be to improve coordination, planning, supervision, and training at site and district levels. Promotion of pediatric treatment will be a sustained focus, with continued expansion of early infant and pediatric diagnostic capacity. HIV-infected children will be identified through DNA PCR for infants ages 6 weeks to 12 months and through serology for children over 12 months. Efforts to improve ART adherence will focus on counseling that also addresses issues of stigma. To ensure quality, PEPFAR partners will assist in the development and implementation of performance standards for all clinic-based services. National care and treatment guidelines will be updated, and clinicians will receive refresher training. Basic program evaluations will help assess the quality of the ART program.

7. Strengthened integration and decentralization of pediatric care and treatment services in MCH and other pediatric services, including immunization, nutrition, and routine pediatric health care services.

8. Gender sensitivity as a component of quality pediatric care and treatment. Strategies will include reaching more girls in the provision of care and treatment services, positive-prevention interventions for girls and young women infected with HIV, stigma-reduction campaigns, mass-media promotion of HIV services and gender equality, and support for income-generating activities targeting women.

9. Ensuring availability of drugs and commodities through central procurement by SCMS, which will continue providing technical and management support to the Public Health Pharmacy (PSP).

PEPFAR CI will work to strengthen its evidence base in care and treatment through four public health evaluations (PHEs) assessing 1) the effectiveness of EGPAF's care and treatment program (ongoing), 2)

interventions to reduce early mortality among patients initiating ART (an inter-country PHE), 3) evaluation of infant feeding practices, and 4) care and treatment of patients with HIV-2 infection.

EGPAF, ACONDA, ICAP, and HAI will link with Ivoirian and international partners supporting community care and support services, including current and follow-on partners targeting rural areas, the underserved North and West, local F/CBOs, local PLWHA organizations, the uniformed services, teachers (the Ministry of Education), and sex workers.

The USG will continue to promote sustainability by transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries; strengthening the capacities of national programs involved pediatric care (PNSI, PNN, PNOEV, PNPEC); and strengthening the district approach by participating in and improving district-level planning, implementation, coordination, supervision, and M&E.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	7,081,000	
Total Technical Area Planned Funding:	**7,081,000**	**0**

Summary:

Context and Background

Adult HIV prevalence in Cote d' Ivoire (CI) is estimated at 3.9%, with 250,000 women ages 15-49 living with HIV (UNAIDS 2008). The National AIDS Indicator Survey (AIS 2005) estimated HIV prevalence among women at 6.4% (ages 15-49), peaking at 14.9% among ages 30-34. HIV prevalence among pregnant women was estimated at 5.6% and 2.9% in urban and rural areas, respectively (ANC survey 2008). CI has 687,000 births per year (UNICEF 2007), about 34,000 of them by HIV-infected women. Attendance at antenatal clinics (ANC) is 85% for ANC1 but drops to 45% for ANC4 (UNICEF 2007).

Primary immunization coverage (DTCHep-Polio) is at 93% for the first injection (at 6 weeks) and 76% for the third injection (UNICEF 2007). Coverage for measles immunization (at 9 months) is 67% (UNICEF 2007). In 2008, 716 health centers provided ANC services in 83 health districts. About 54% of pregnant women deliver in a health facility (UNICEF 2007).

Since 2002, the National HIV/AIDS Care and Treatment Program (PNPEC) of the Ministry of Health (MOH) has integrated free PMTCT and pediatric care and treatment services into decentralized MCH services. The National HIV/AIDS Strategic Plan (2006-2010) sets targets of universal PMTCT access to cover all 19 regions, with goals of increasing coverage from 10% to 70% of health centers and reducing vertical HIV transmission from 13% to 5% by 2010.

Starting in 2003, a Maternal and Child Health Technical Working Group helped set the national PMTCT agenda, develop national policies and guidelines, and define research priorities. But with weak coordination hampering scale-up, three joint missions (2005-2008) have reviewed bottlenecks and challenges, leading to a PMTCT and pediatric care and treatment scale-up plan and recommendations to strengthen coordination, integration, the district approach, EID uptake, access to HIV testing and counseling (TC) and prophylaxis, post-natal care, infant feeding, pre- and in-service training, and community linkages. Scale-up plan targets include 80% coverage of TC at ANC facilities and 80% ARV prophylaxis coverage.

Despite its crisis limiting access to health care, CI has made remarkable progress in scaling up PMTCT services. The Report on Progress Toward Universal Access shows that in 2008, the program reached 41% of HIV-positive pregnant women with ARV prophylaxis, up from less than 10% in 2006, the most significant increase among countries in West and Central Africa. The proportion of ANC facilities offering PMTCT services increased from 21% (147/716) in 2006 to 44% (356/716) in 2008. While geographic distribution is still uneven, access to PMTCT services is improving as more partners open sites in the Center, North, and West. No data is available on the number of HIV+ pregnant women who have a CD4 count done to assess their need for ART. About 5% of ARV prophylaxis interventions, mostly in remote sites, are single-dose NVP.

National guidelines follow WHO recommendations (2006) calling for comprehensive PMTCT services, including routine (opt-out) TC, combination ARV prophylaxis with ART as appropriate, infant feeding counseling and support, early infant HIV diagnosis (EID) using dried blood spot with DNA PCR, and linkages with other services.

PEPFAR is the main donor supporting PMTCT services, with contributions by UN organizations (Global Fund, WHO, UNICEF). PEPFAR and its partners provide technical assistance to the MOH and support service delivery at public and CBO/FBO facilities, with a comprehensive package that includes ante- and postnatal care; safe obstetrical practices; cotrimoxazole prophylaxis; linkages to HIV/AIDS care, treatment, and support; infant follow-up and pediatric care; infant HIV diagnosis; community-based support services; and monitoring and quality assurance.

Accomplishments since the last COP

In FY 2009, PEPFAR directly supported PMTCT services at 414 sites, a 75% increase from the previous year (236 sites), resulting in 47% coverage (414/878) of ANC sites. The number of pregnant women who received their HIV test results doubled to 224,884, reaching 94% of the FY 2009 target of 240,000. The number of women provided with ARV prophylaxis increased by 65% to 7, 602 but fell short of the target of 9,500. A total of 823 health-care providers were trained to provide PMTCT services.

The PMTCT cascade improved at PEPFAR-supported sites, with 93% (vs. 85% for FY 2008) of women tested receiving their results and 68% (vs. 58%) of pregnant women who tested HIV-positive receiving ARV prophylaxis. These results are due in part to the implementation of quality-improvement activities with assistance from University Research Co. and JHPIEGO, as well as regular coaching of sites by implementing partners. Underperformance on the ARV prophylaxis target (79% of 9,600) is partly due to difficulties in integration of PMTCT services, in particular in delivery of ARV prophylaxis immediately after HIV diagnosis and in follow-up of HIV-positive women who do not give birth at health facilities.

Other accomplishments during FY 2009 include:

? Assisting the PNPEC to implement recommendations of the 2008 joint mission. As of September 2009, 11% of planned activities had been completed, and 39% had been started.

? Assisting the PNPEC to revise the maternal and child health card to include information on HIV status and thus facilitate improved ARV prophylaxis rates.

? Increasing coverage of the combination prophylaxis regimen to all PMTCT sites.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion.

In PMTCT in FY 2010, these strategic emphases will be reflected in efforts to support the MOH in

implementing the joint-mission recommendations, improve coordination and effective integration, promote PMTCT service uptake and strengthen community linkages, improve M&E, and implement a public health evaluation (PHE) to inform better service delivery. USG partners will focus on:

Supporting national policy and strategy development and national and district-level planning, implementation, coordination, and management of services.

The USG will support the MOH to strengthen national and district capacity to plan, implement, monitor, and support PMTCT programs. PEPFAR will work with the MOH, UN organizations, and other partners to elaborate, update, and disseminate national and international PMTCT policies, guidelines, and tools. The USG team will support national coordinating committees and technical working groups and will work to establish pools of trainers and supervisors.

Expansion of PMTCT services will be district-focused. District health teams and PEPFAR partners will work with the Public Health Pharmacy (PSP) and SCMS to improve forecasting and commodities management at district pharmacies. Partners will collaborate with the MOH and its various programs (DIPE, SASDE, PNSR, PNSI, PNN, PSP, DSC, DGS) as well as with the Global Fund, UNICEF, the Retro-CI SI team, and Measure to strengthen M&E of the PMTCT program.

Increasing geographic coverage, service uptake, and program efficiency.

Program efficiency will be improved through targeted expansion, further improvements in the PMTCT cascade, and strengthened linkages with other services. PEPFAR will support moderate expansion of PMTCT services from 414 to 500 sites (60% of all health facilities) by September 2010. Partners will provide TC for at least 257,000 pregnant women (37%) through provider-initiated testing and counseling (PITC) at all ANC sites and in labor and delivery services. Women of unknown serostatus will also be offered testing during postnatal visits. All sites will apply strategies to involve and test the women's partners. Co-location of PMTCT and ART services will be promoted to provide ARV prophylaxis or treatment for at least 10,000 HIV-infected pregnant women (80% of those tested HIV-positive, up from the current 68%), with HAART provided for an estimated 2,700 pregnant women (23% of pregnant women testing HIV-positive). PEPFAR partners IYCN/PATH, AED/FANTA, the World Food Program, and the MOH's National Nutrition Program (PNN) will help PMTCT partners provide food and nutritional supplementation for 4,640 HIV-positive pregnant or lactating women and will support the MOH, PNN, National OVC Program (PNOEV), and National Infant Health Program (PNSI) to build capacity in infant feeding and nutrition at public and private facilities.

Based on a regional coordinated approach, PEPFAR partners EGPAF, ACONDA, ICAP, and Health Alliance International will continue the expansion of PMTCT services in all 19 regions, with a focus on increasing district coverage to reach primary health care centers. EGPAF will focus on the eastern half of the country, ICAP on the Midwest, ACONDA on the West with a significant presence in Abidjan, and HAI on the Center-Northeast.

USG partners will work to strengthen PMTCT services at ANC centers with effective linkages to ART, TB, TC, and OVC services as well as psychosocial support through community workers and PLWHA. All PMTCT and ART sites will engage full-time counselors dedicated to providing comprehensive HIV prevention interventions and effective referrals to community-based care and support. Community-level sub-grants will fund campaigns to decrease stigma and encourage women to seek ANC and PMTCT services. With support from EngenderHealth, linkages with the National Reproductive Health Program and UNFPA will be strengthened to increase uptake of reproductive health services and integration of TC in family-planning services.

Emphasizing mother-infant follow-up, early infant diagnosis, and pediatric and maternal care through a family-centered approach.

FY 2010 programming will continue to support effective follow-up of HIV-infected mother/HIV-exposed

infant pairs, EID, and pediatric HIV testing, care, and treatment as high priorities. Building on results of pilot and transition phases, funds will support the expansion of early HIV testing for 10,000 HIV-exposed children using DBS and DNA PCR: 6,000 children will be tested in PMTCT services using DBS (in infants <12 months) and rapid testing, and 4,000 will be tested in pediatric facilities (care and treatment, postnatal, immunization, pediatric inpatient) and other services (nutrition centers, social services, OVC programs). PCR lab capacity will be expanded from Retro-CI and CeDReS to three more reference labs in Abidjan (Pasteur, CIRBA, and LNSP). HIV-infected children will be linked with infant follow-up, including immunization, social, and nutrition services.

Funding will continue the promotion of tools and materials to increase the number of children who receive care and treatment as part of a family-centered approach. The adoption of a simplified HIV testing algorithm using finger-prick and whole-blood techniques will help to scale up the PMTCT and pediatric-care programs. The USG will work with the MOH to implement the revised maternal and child health card, which will allow health workers to include PMTCT-related interventions on both the mother's and the child's card, an important step to facilitate linkages and referrals.

Increasing involvement and support by men.

The USG team and its partners (including EngenderHealth using the Men as Partners approach) will work to develop and implement strategies to increase HIV testing for women's partners and involvement of men in PMTCT and related care.

Strengthening systems and quality assurance (QA).

Partners will provide technical assistance to the MOH to strengthen policies and guidelines for scaling up PMTCT, promoting collaboration, and influencing national standards. Partnerships with health districts and local public and private partners will be reinforced or created to enhance decentralized, sustainable services. With support from URC and JHPIEGO, clinical partners will carry out monthly supervision and site visits, provide clinical mentorships at sites, and conduct periodic quality assessments to ensure continuous quality improvement. Retro-CI will support QA for HIV testing, lab supervision, and training. Implementing partners will coordinate or leverage support for basic MCH supplies (PMTCT and pediatrics) as part of an integrated basic care package.

Increasing efficiency, sustainability, and country ownership.

Data from a review of the National HIV/AIDS Strategic Plan (2006-2010) show that funding for PMTCT represented 4.4% of total funding and 14% of prevention funding during the period 2006-2008, with the USG contributing 84%. During FY 2009, the USG conducted cost modeling for several technical areas. Based on a PMTCT unit cost of $245 derived from HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) modeling, it appears that barriers to scale-up are not primarily financial and that the proposed level of scale-up of the PMTCT program can be achieved with available funding. Costing and monitoring of PMTCT quality (cascade) indicators will continue to emphasize efficiency in service delivery.

The USG team will continue to build MOH and health district capacity through joint planning and supervision, technical assistance, and direct funding. The USG is transferring technical, financial, programmatic, and M&E skills to local organizations and ministries, helping them to assume leadership and be competitive for other funding opportunities. The USG will continue to support in-service HIV training for health workers and other cadres, as well as theoretical and practical pre-service training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV service provision, including training rotations in PMTCT and pharmacy services where relevant.

Strengthening the evidence base.

The PEPFAR program will continue to strengthen the M&E capacities of the MOH (DIPE and PNPEC) and work with sites, districts, regions, and national entities to collect and analyze PMTCT data. The USG team will participate in integrating PMTCT indicators in the health management information system to

facilitate more informed decision-making. Staff at PMTCT sites will be trained to use program data for clinical and program decision-making.

PEPFAR CI is also strengthening its evidence base through two PMTCT PHEs. EGPAF will continue a country-specific evaluation (begun with FY 2008 funds) of the quality of infant feeding and nutrition counseling and practices at PMTCT sites, and an inter-country PHE (approved in FY 2009) will evaluate PMTCT program models designed to improve engagement and retention of clients and maximize PMTCT program impact.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	5,810,000	
HVOP	6,475,000	
Total Technical Area Planned Funding:	**12,285,000**	**0**

Summary:

Context and Background

Cote d' Ivoire (CI), a country of 20 million people, has one of the highest HIV prevalence rates in West Africa, estimated at 3.9% of the adult population (UNAIDS, 2008). The 2005 AIDS Indicator Survey (AIS) provided important information about the HIV/AIDS epidemic in CI, permitting better targeting of prevention and care efforts. The AIS found an adult HIV prevalence rate of 4.7%, with females across age groups more likely than males to be infected (6.4% vs. 2.9%). HIV prevalence showed a steep increase in women ages 20-34, from 0.4% below age 20 to 14.9% among ages 30-34. Male prevalence may be mitigated by near-universal (96%) circumcision, along with widespread availability of condoms, high power in heterosexual relationships and sexual decision-making, and relatively late sexual debut. Geographic differences include marginally higher HIV prevalence in urban settings and marked regional differences, from 1.7% in the Northwest to 5.5% in the South and East and 6.1% in the Abidjan area. About 42% of females in CI have undergone female genital mutilation/cutting (FGM/C), ranging from 18% in the center of the country to 85% in the Northwest and 87.6% in the North, and from 14% of Catholic females to 76% of Muslim females.

Sexual debut was reported by age 15 for 23% of females and 10% of males, by age 18 for 71% of females and 48% of males. The population aged 15-49 reported that 5% of females and 31% of males had had two or more sexual partners in the previous year, and 66% of females and 48% of males did not use condoms with non-regular sex partners. While only 2% of men reported paying for sex, 31% of unmarried women ages 15-19 reported having a sex partner who was at least 10 years older. One-third of married women were in polygamous marriages. According to the AIS, HIV knowledge was low, especially among women with no education and/or living in rural areas or in the North/West of the country. Conversely, both high-risk behavior and condom use were more likely among better-educated, urban residents outside the North/West. Attitudes conducive to HIV stigma and discrimination were widespread, and the percentage of people having been tested for HIV in the previous 12 months was low (4% of women and 3% of men).

Achievements in FY 2009

In collaboration with stakeholders at all levels, PEPFAR supports a comprehensive ABC prevention approach that involves combination prevention strategies with clinical services and behavioral interventions complemented by advocacy with ministry partners (AIDS (MLS); Health (MOH); Education

(MEN); Women, Families and Social Affairs (MFFAS); and Youth (MOY)) for policies that reduce vulnerability and promote access to services while strengthening decentralized systems to promote HIV prevention, community mobilization, and coordination.

Partners continued to expand behavior and social change interventions (BSC) with adults at the community level, among boys and girls in and out of school, in workplace programs, and in targeted at-risk populations. Strategies included reinforcing the capacity of CBOs and leaders to assess prevention needs; promote correct, consistent use of condoms; influence norms supporting abstinence and fidelity; and address risk factors such as alcohol and drug use. BSC activities by partners such as Care, Hope Worldwide, Johns Hopkins University/CCP, the ARSIP inter-denominational coalition of religious leaders, and Geneva Global engaged religious and community leaders, peer educators, teachers, parents, and coaches and emphasized knowledge of HIV transmission and self-efficacy.

Strategic communications with interactive activities such as Sports for Life, school- and community-based health clubs, blood donation clubs, outreach to agricultural and labor associations, village HIV committees, and income generation activities (IGAs) aimed to promote AB while decreasing inter-generational and transactional sex among sexually active youth and other groups. Partners such as Alliance-CI strengthened synergies among community prevention programs and HIV testing and counseling (TC) partners.

Among vulnerable and most-at-risk populations (MARPs), PEPFAR contributed to national goals and improved coordination through the technical working group for highly vulnerable populations (HVP TWG) led by the MLS. PSI targeted the uniformed services and transportation workers. ANADER, Care, and FHI reached displaced and mobile populations, commercial sex workers (CSW), and their clients and regular partners. The MEN, Hope Worldwide, Care, and others reached sexually active youth; ICAP served prison populations; FHI targeted men who have sex with men (MSM); and the MEN and MOH reached health- and education-sector workers.

In FY 2009, the sexual transmission prevention portfolio included 17 direct partners with sub-grantees, who reached 529,958 young people and adults with AB interventions, and 713,742 men and women with OP interventions. Though most programs were managed through CDC and USAID, the U.S. Department of Defense and Department of State contributed to prevention activities assessing military HIV policies and programs; awareness-raising with schools and religious communities through an HIV/AIDS Road Show; and promotion of workplace HIV prevention and wellness.

In 2009, PEPFAR reached significant geographic coverage and contributed to the national evidence base through a KAPB survey with military personnel following up on a 2008 survey, multiple population estimation activities (capture-recapture) with hot-spot mapping for CSW, and a study on condom use with HIV/syphilis testing among CSW. FHI, Care, and PSI worked with decentralized fixed clinical sites building the capacity of local NGOs to implement comprehensive prevention, STI treatment, HIV testing, and care, with peer education and outreach programs for male and female CSW. FHI also reached MSM in Yamoussoukro and Abidjan sites and began strengthening an MSM-serving NGO (Arc en Ciel) to create safe spaces and conduct peer outreach, while also working with CDC to implement a behavioral and HIV prevalence study among MSM in Abidjan. Mobile units provided testing, condom-negotiation skills, and STI management, as well as links to broader health care, HIV treatment, and social and legal services. FHI is comparing the cost-effectiveness of mobile units and fixed sites in 2009.

Quality assurance activities continued in 2009 with FHI providing technical assistance to implement minimum standards in CSW programs and URC supporting the establishment of national minimum standards for peer education programs. All partners were asked to coordinate communications with local implementers and district-level HIV coordination committees. In addition, the strategic communications course facilitated by JHU/CCP was adapted and implemented for the first time in West Africa with

PEPFAR support and in partnership with the MLS and Cocody University. Multi-channel communication programs were increasingly based on the context and vulnerabilities of specific populations and empowering influential leaders to reinforce BSC.

Programs addressed girls' and women's vulnerability. JHU/CCP began "Les Super Girls," a targeted BSC campaign to reinforce girls' decision-making and life skills; CDC and AED completed site assessments and advisory group mobilization for a study on the context of female produce vendors; PSI trained peer educators and created girls' clubs for daughters of military personnel; Care and ANADER continued support for IGAs to reduce women's vulnerability and serve as a platform for other prevention activities; International Rescue Committee (IRC) integrated HIV prevention and risk reduction with gender-based violence (GBV) prevention programs; and EngenderHealth completed two trainings in the Men as Partners program to provide male life skills peer education and influence male norms about GBV with AIBEF, PSI, and the MEN.

Goals and Strategies for the Coming Year

A USG strategic-thinking exercise in 2009 involving the GoCI, PEPFAR partners, and other stakeholders identified five strategic emphases: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In the sexual prevention technical area, these emphases are reflected in the following priority strategies:

1. Continue supporting the MLS and MOH in national mapping of sexual transmission prevention sites, content, and target populations across donors and implementers.
2. Support national HIV prevention TWGs to continue harmonizing approaches, indicators, and expected outcomes in a collaborative quality assurance and improvement (QAI) process. This includes updating M&E tools for joint supervision visits with relevant ministries and developing a standardized checklist for observation and interviews with timelines for follow-up to ensure that recommendations are implemented, improve data quality, and promote use of data to improve programs.
3. Contribute to the national evidence base by implementing the final formative phase and implementation design of a study to address women’s vulnerability and transactional sex in Yamoussoukro; final data collection, analysis, and intervention design for MSM in Abidjan; validate a protocol and conduct situation analyses of KABP and access to HIV-related services in three prisons (under OHSS); and conduct situation analyses of KABP and access to HIV-related services in three labor/trade and agricultural associations (under OHSS).

AB Prevention

? Continue gender-sensitive interventions conducted in 2009 (Les Super Girls, military daughters' leadership program, etc.). Integrate HIV prevention in GBV prevention and care services coordinated with UNFPA and strengthen the MFFAS's capacity to provide HIV prevention counseling, post-exposure prophylaxis (PEP), and referral services to victims. Complete the pilot of the Men as Partners program, integrating MAP content in uniformed services peer education programs, with male teachers and students in teacher training school, and communities with AIBEF family-planning clinics. Promote evaluation of outcomes among IGAs as a risk-reduction strategy for women, contributing to partner reduction and reintegration for CSWs.

? Strengthen the HIV prevention TWG to coordinate targeting out-of-school youth based on the 2008-2010 national youth prevention strategy and findings of the AIS. In 2010, evidence-based deployment will begin transitioning NGO support away from school-based health clubs to community-based interventions in highest-prevalence zones for youth and young adults. This avoids duplicating efforts with students who will be reached by extending school-based HIV prevention, life skills, and teacher training on a national scale with the MEN and will benefit the majority of youth who do not complete secondary education and who may have less access to accurate HIV prevention information and support.

? Promote efficiency by requiring partners to coordinate communications programs and create local synergies in media use among prevention partners, who will increase capacity through participation in the JHU/CCP communications course at Cocody University.

? Leverage strengths of care and treatment partners to integrate prevention interventions in reproductive health and family-planning clinics and among pregnant women who test negative and previously had little referral or follow-up.

? Support the MLS-led TWG to validate a national training module to promote mutual fidelity, partner reduction, and couples testing, with an evaluation plan for use in community settings as recommended after an AB data quality audit.

? Complete the pilot, initial evaluation, and extension of Families Matter sites, plus training with MFFAS and other partners to increase the quality of parent-child communication about HIV prevention, sexuality, and other sensitive topics.

Other Prevention and MARPs

MARPs

? HIV prevention for CSW and MSM will continue to build the capacity of decentralized clinics to identify hot spots for effective outreach, assess and respond to attitudes and practices that contribute to risk, address stigma that limits access to prevention and care services, provide STI treatment, and promote condom and gel lubricant use along with TC.

? Ensure adherence to a minimum package of comprehensive prevention services for CSW through quarterly joint supervision visits with PEPFAR prevention, care, treatment, and SI staff, partners, and the MOH.

? No specific programs for injecting drug users (IDUs) will be funded. IDUs are eligible to receive HIV services though MARP clinics, with counseling and referral as needed. Two FHI studies showed that among CSWs, fewer than 1% were identified as IDUs. UNAIDS has committed to conducting an analysis of IDUs with the MLS in 2010.

Other Vulnerable Groups

? Continue a focus on risk analysis and peer support, fidelity and responsibility in relationships, condom social marketing and education, STI management, reduction of other risks such as alcohol and drug use, promotion of TC, and links to other health services.

? Strengthen human capacity through training in STI management in military health centers and through integrated micro-planning and supervision in health districts.

? Advocacy with relevant ministries to address barriers to accessing prevention services or factors that may contribute to vulnerability.

o MEN: Validate and distribute policy documents on school-based violence and sexual assault, and elaborate codes of conduct to reduce teacher-student relationships.

o Ministry of Justice: Coordinate with prevention TWG to promote the development of a national policy on HIV prevention, testing, and care in prisons; advocate for institutional support of HIV sector committees and promote partnerships with the MOH and MLS to enhance capacity to treat STIs and OIs; and advocate for availability of condoms in all prisons.

o MOH and MLS: Support coordination across geographic and population-based groups. Through the prevention with positives (PWP) working group, establish a strategy for referral and follow-up of HIV prevention for PLWHA and their partners within existing programs.

o MFFAS: Develop a policy and staffing plan for social centers as entry points to conduct Families Matter interventions with parents and caregivers, and clarify policies regarding access to PEP, minimal TC services, and referrals and accompaniment for victims of sexual assault.

Targets have been lowered slightly for 2010 (984,400 overall by September 2010, with 542,900 in AB and 39,500 MARP), reflecting a stronger focus on quality and results (increased contact with fewer individuals, as in the Families Matter program), greater focus on costlier-to-reach out-of-school youth, and the possibility of delays in follow-on awards for six partners.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	4,360,100	
Total Technical Area Planned Funding:	**4,360,100**	**0**

Summary:
Context and Background

Strategic information, a priority for PEPFAR Cote d' Ivoire during its first phase of activities, will be of even greater significance as PEPFAR enters its second phase, given the need to accomplish much more work with limited additional funding. Moreover, recent audits show the need to improve significantly the quality of data being collected. The USG team recognizes the impact of good data management and the critical need to improve the sustainability of all HIV programs by developing monitoring and evaluation (M&E) strategic and operational plans, designing national databases with stakeholder input, standardizing and strengthening data collection and surveillance, and improving data quality and data use for decision-making.

Cote d' Ivoire's progress toward one national M&E system should be coordinated by the Ministry for the Fight Against AIDS (MLS) through its Department of Planning, Monitoring, and Evaluation (DPSE). The MLS is charged with determining the country's HIV M&E vision and designing strategic plans to achieve this vision. Operational HIV M&E tasks are shared by the ministries directly involved in the response to HIV/AIDS. The MLS collects data and develops the M&E plan for community interventions. In the Ministry of Health (MOH), the Department of Information, Planning, and Evaluation (DIPE) is responsible for HIV/AIDS data in the health sector. The Public Health Pharmacy (PSP) directs drug and commodities forecasting, tracking, and management. The Ministry of Family, Women, and Social Affairs (MFFAS), through its National OVC Program (PNOEV), collects data and develops the M&E operational plan related to OVC activities. The Ministry of Education (MEN) contributes to targets for prevention of sexual transmission, OVC care, and adult care and support.

USG support is designed to complement the government's and other donors' limited activities by helping to build an effective, sustainable national SI infrastructure by strengthening capacities at the local, district, regional, and central levels. Two principal PEPFAR prime partners – Measure Evaluation and CDC/Retro-CI directly support the government of Cote d' Ivoire (GOCI) to carry out SI-related activities. CDC/Retro-CI has been providing surveillance and health management information systems (HMIS) technical assistance since 1988. Abt Associates has supported geographical information systems (GIS) beginning in 2009. A program for training promising Ivoirian HIV/AIDS M&E champions was initiated at the University of California at Berkeley in 2009 through the NIH/Fogarty Center. I-TECH, University of Washington, is assisting PEPFAR to develop a laboratory information system. The Partnership for Supply Chain Management (SCMS) provides support for tracking pharmaceutical and other products.

Accomplishments since last COP

In FY 2009, PEPFAR continued to strengthen the capacity of the national government at both central and decentralized levels. USG support contributed to the following achievements:

? The MLS issued its first National Report on AIDS Activities, focusing on the 2007-2008 period. Work on the 2009 report is underway, with annual reports expected thereafter.
? The MLS was awarded a new PEPFAR-funded cooperative agreement with the CDC that will allow the ministry to collaborate with other relevant ministries to create a national repository to store and

manage data/information; contribute to key preliminary milestones of a national data repository, such as the standardization of indicators and data collection tools, creation of a data confidentiality policy, and creation of a unique national identification number for all health services users; and disseminate HIV/AIDS data/information.

? The MSL/DPSE began preparation for a 2010 Demographic and Health Survey (DHS+) that will include HIV testing and a module on HIV/AIDS. Preliminary results are anticipated in mid-2011.

? The MSL redesigned its Web site (www.mlsida.gouv.ci) with focus on ease of use and provision of a broad range of up-to-date national HIV/AIDS statistics, reports, and links to key international HIV/AIDS documents, guidelines, and other data.

? The MLS, with support from SCMS, conducted the pilot phase of a data transmission project using PDAs, designed to help develop functional local M&E units that can capture data related to activities at the community level.

? The MOH/DIPE released its report on Sentinel Surveillance of HIV and Syphilis 2008 in August 2009. The data suggest declines in HIV prevalence over the years and are being used in decision making for programming and strategic planning.

? The MOH/DIPE completed data collection for an evaluation of transmitted HIV drug resistance using 2008 specimens from an unlinked HIV serosurvey among pregnant women aged less than 25 years. In all, 2,898 women were enrolled at five sites in Abidjan and produced 55 eligible HIV-1 samples for genotyping.

? With strong CDC support, the MOH/DIPE validated results and in September 2009 released its report on Assessment of Early Warning Indicators for HIV Drug Resistance Resulting from ART Programmatic Factors at Selected Sites in Abidjan. Data from this pilot survey suggested that many patients in Abidjan may be at risk of developing HIV drug resistance.

? The MOH/DIPE released Version 1.4 of the HIV/AIDS patient monitoring system (SIGVIH) in spring 2009 with technical assistance from the University of Bordeaux/ISPED. Retro-CI, ACONDA, and other partners supported deployment to more than 90 sites. Version 1.5, which will include a functioning pharmacy module, was to be completed by the end of 2009.

? The MOH/DIPE published its Situation Analysis of AIDS Surveillance and Identification of High Risk Groups.

? The MOH/DIPE took over the lead of the technical working group for HIV/AIDS HMIS and is expanding the group to integrate all HMIS systems.

? The PSP, in partnership with SCMS, continued work on a system to improve commodities forecasting, tracking, and management. This system will be interoperable with the national longitudinal patient monitoring system.

? The Retro-CI surveillance team published a manual (in French and English) of standard operating procedures for HIV sentinel surveillance, from researching PEPFAR funding to publication of final results.

? With technical assistance from I-TECH, a laboratory information system (LIS) that will initially serve Retro-CI, the National Reference Lab (LNSP), and Institut Pasteur is being implemented using the open-source OpenELIS program.

? A graduate public health fellowship program managed by the NIH/Fogarty Center was launched in summer 2009 with eight Ivoirian public health professionals attending an intensive program at UC-Berkeley.

? With support from Abt Associates, the MOH/DIPE established a GIS/health mapping center that will produce maps for HIV/AIDS program needs and assist researchers interested in using spatially displayed data.

? Data audits were done on supply chain management activities, prevention indicators, and use of ARVs. Results are being disseminated to improve data quality and accuracy of estimated indicators.

? All USG-funded partners continued to report their quarterly program results to the PEPFAR strategic information team, respond to ad hoc requests for program data, and participate in quarterly SI meetings and implement decisions made during these meetings.

Goals and strategies for the coming year

While funding requested for the HVSI budget code is significantly lower than in FY 2009, this reflects changes in how costs are shown rather than reductions in SI activities. Two categories of funding previously budgeted in HVSI are now requested in other budget codes: funding for SI/M&E by care and treatment implementing partners (incorporated in appropriate technical areas) and all management and operations costs for PEPFAR Cote d' Ivoire SI activities.

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion.

In SI in FY 2010, these strategic emphases will be reflected in the following approaches:

PEPFAR will ask CDC/Retro-CI to concentrate on collecting, verifying, and analyzing data from: 1) routine HIV program monitoring, 2) surveys and surveillance, 3) national and sub-national HIV databases, 4) supportive supervision and data auditing, and 5) HIV program evaluation and research. Measure Evaluation will concentrate its technical assistance on human capacity, partnerships, and planning, including: 1) organizational structures with HIV M&E functions, 2) human capacity for HIV M&E, 3) partnerships to plan, coordinate, and manage the HIV M&E system, 4) national multi-sectoral HIV M&E planning, 5) an annual costed national HIV M&E work plan, 6) advocacy, communications, and culture for HIV M&E, and 7) conducting regular, independent audits. The dissemination and use of data from the M&E system to guide policy formulation and program planning and improvement are considered cross-cutting, and data and data analysis will be shared appropriately among HIV/AIDS stakeholders.

The USG also will provide technical assistance to build the data-management capacities of NGO/CBO/FBO partners and of key government agencies active in the HIV/AIDS response.

In response to serious problems of data quality identified in recent data audits, the USG team will give priority to improving data quality by revising and upgrading current systems and continuing data audits. Staff will be added to work on this. Specific priorities include:

? Work on a five-year PEPFAR CI strategic plan for SI, in conjunction with the MLS and MOH/DIPE, which are both conducting national strategic planning exercises. The USG team plans to get technical assistance from country team SI advisers, as well as from Measure Evaluation and local consultants. The SI strategy, which will include data mapping, may be part of a Partnership Framework.

? Work to strengthen, harmonize, and improve quality of facility-based and other (community-based, school-based, etc.) monitoring systems, in collaboration with the ministries, Measure Evaluation, and PEPFAR implementing partners. This will include reinforcing routine data collection, improving data quality and data-based decision making after a review of current practices by an independent team of experts who will provide detailed recommendations.

? Survey and surveillance activities designed to:
a. Reinforce medical and behavioral surveillance systems and put in place second-generation surveillance with the MLS, MOH, CDC, and Measure Evaluation
b. Continue HIV drug resistance surveillance
c. Continue support for ANC, DHS+, and other studies and surveys in conjunction with other technical areas.

? Reinforcing SI cooperation through regular meetings and information sharing with other technical areas (lab, prevention, care and treatment) and with the MLS and MOH, with technical assistance from

Abt Associates (for GIS) and Measure Evaluation.

? Laboratory information systems work focusing on:
a. LIS development and deployment and system standardizing. The LIS will be introduced initially for Retro-CI, LNSP, and Institut Pasteur.
b. Reinforcing capacity of regional labs and sentinel surveillance sites for collection, storage, and shipment of specimens to the central level, in collaboration with the MOH and I-TECH.

? Continued support to update the electronic HIV/AIDS patient monitoring system, including:
a. Support for the HIV/AIDS patient monitoring system (SIGVIH) currently installed in more than 90 health facilities where patients receive ARVs. Version 1.6 will be completed in 2010 and deployed to most sites in the country where ARVs are distributed. Preparation will begin for Version 2.0, which will be developed locally and will use a new language and take into account new software developed in recent years.
b. Assured availability of paper tools and their effective use through Measure Evaluation and SCMS assistance.
c. Assistance with updating and simplification of other priority HMIS tools (SIGVision) and systems.

? Continued support for graduate-level public health fellowships and training, with the NIH/Fogarty Center, UC-Berkley and the University of Bordeaux. It is hoped that plans for in-country training eventually leading to an MPH with a strong focus on SI will be realized in 2011, in collaboration with Tulane University.

? The USG will contribute to the national evidence base through operations research, public health evaluations (PHE), and studies to quantify populations and assess the factors that contribute to vulnerability to HIV/AIDS. The PHE portfolio will focus on the technical areas of ARV treatment, PMTCT, and Counseling and Testing. EGPAF will continue two country-specific evaluations begun with FY 2008 funding, assessing 1) the effectiveness of its HIV/AIDS care and treatment program and 2) the quality of infant feeding and nutrition counseling and practices at PMTCT sites. A country-specific PHE approved in FY 2009 will evaluate care and treatment of patients with HIV-2 infection and will serve to create a research platform for further clinical, immunological, and virological studies of HIV-2-infected patients. The findings of this PHE will have implications for all countries with HIV-2 infection, in particular in West Africa, and will provide data for the WHO to draft evidence-based guidelines for HIV-2-infected patients.

PEPFAR CI also plans to participate in three inter-country PHEs: an evaluation of interventions to reduce early mortality among patients initiating ART, an evaluation of PMTCT program models designed to improve engagement and retention of clients and maximize program impact, and an evaluation of three models of HIV testing and counseling in outpatient departments to determine the most effective model for increasing testing uptake, identifying HIV early, and ensuring linkages to care and treatment.

Sustainability

The USG continues to promote sustainability by building the capacity of Ivoirian government agencies and indigenous organizations to mobilize resources and implement evidence-based programs, including capacity to collect, process, analyze, and use data effectively. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBO/NGO/FBOs and ministries to manage activities and to be accountable for achieving and documenting results.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount

HVTB	3,350,000	
Total Technical Area Planned Funding:	**3,350,000**	**0**

Summary:
Context and Background

Cote d' Ivoire faces a dual epidemic of TB and HIV, with an adult HIV prevalence rate of 3.9% (UNAIDS 2008) and a TB incidence rate of 420 per 100,000 population (WHO 2007), or approximately 84,000 cases per year. Despite considerable efforts by the national TB program (PNLT), TB remains a serious public health threat. TB case-detection rates remain low, at 27% for all TB cases and 42% among smear-positive cases; in 2007, the TB case-notification rate was 120 per 100,000 population, with a total of 23,383 cases reported. Of these, 14,071 (60%) were smear-positive. The treatment success rates for newly diagnosed registered smear-positive TB patients and for retreatment smear-positive TB patients was 73% and 68%, respectively, in 2006. The prevalence of multi-drug resistant TB (MDR-TB) among newly diagnosed TB cases and previously treated TB cases was 2.5% and 8.7%, respectively (WHO 2007).

Despite setbacks due to the political-military crisis, with TB sites initially closed in the North and West, the TB program continues to decentralize TB diagnostic and treatment services. The Ministry of Health (MOH) was awarded grants under Global Fund rounds 3 and 6 to support these efforts. By December 2008, with support from the Global Fund, PEPFAR, and international NGOs, 96 health facilities throughout the country had the capacity to diagnose and treat TB cases using the DOTS strategy. With Global Fund assistance, the PNLT plans to further decentralize TB diagnostic services to 14 more sites. Disruption of health services in the northern and western parts of the country since 2002 has created concerns about increased multi-drug resistance to TB medications.

HIV testing and counseling among TB patients shows that about 29% of TB patients tested are infected with HIV (PNLT 2008). TB remains the leading cause of mortality among HIV-positive patients. Clinical trials in CI and elsewhere have shown that provision of cotrimoxazole prophylaxis to TB/HIV co-infected patients reduces morbidity and mortality. National guidelines recommend that ARVs be made available for eligible TB/HIV co-infected patients by providers trained to manage both infections. INH prophylaxis is not yet supported by national policy in CI. However, the current national TB/HIV policy has been aligned with the WHO Stop TB Strategy, with a goal of achieving a significant reduction in TB cases by 2015 by ensuring that all patients receive access to quality TB diagnostics and treatment.

While Cote d'Ivoire government commitment to TB/HIV collaborative activities is high, the political crisis has limited its ability to maintain pre-conflict resource levels for the TB program. As stability returns, the government is expected to rebuild its capacity to sustain TB/HIV activities.

Long-term technical assistance from the USG/CDC, International Union Against Tuberculosis and Lung Disease (IUATLD), WHO, FIND/UNITAID, PEPFAR implementing partners, and other experts is coordinated with the PNLT to promote a synergistic approach. To assure cooperative support, PEPFAR partners are identifiable by their comparative advantages, including service delivery and community support (EGPAF, ACONDA, ICAP-Columbia, Health Alliance International), laboratory services (CDC/Retro-CI, Institut Pasteur, ASM), and the MOH for coordination and supervision of joint TB/HIV activities and development of policy documents, guidelines, and training manuals.

Other major donors supporting TB/HIV activities in CI include the Global Fund and the Global Drug Facility, providing a three-year stock of adult TB drugs; WHO, assuring in-service training and supervision

and providing limited financial support; IUATLD, evaluating the TB program; and FIND/UNITAID, supporting improved TB diagnostics, primarily at the central level..

Accomplishments since the last COP

With PEPFAR support, the TB program is implementing routine provider-initiated opt-out HIV testing and counseling (PITC). The program is also training health care workers in monitoring and management of TB/HIV co-infection. In coordination with the National HIV Care and Treatment Program (PNPEC), PEPFAR-funded cotrimoxazole and ART are available in 93 TB diagnostic and treatment centers (September 2009), with links to HIV treatment sites following completion of TB treatment. The USG is supporting free "opt-out" testing programs at all 11 national TB specialist centers and 82 integrated TB diagnostic and treatment centers (17 other TB care and treatment sites still need to implement routine PITC), resulting in HIV testing of 15,150 TB patients and identification of 4,848 TB patients co-infected with HIV in 2008. PEPFAR-supported sites are on track to provide HIV tests and results to at least 19,200 TB patients with FY 2009 funds.

PEPFAR partners are also expanding TB screening at HIV care clinics, and wraparound linkages have been created with the World Food Program to provide nutritional assistance to TB/HIV co-infected patients. The USG, PNLT, and implementing partners are working to make the referral system more efficient and the tracking of patients more accurate. During FY 2009, with USG support, the PNLT continued the integration of a clinical TB symptom screening questionnaire at all HIV clinics. The USG and PNLT are also piloting the integration of TB diagnosis and treatment in 10 HIV care and treatment sites. The strategy is to supply the selected HIV sites with materials to collect sputum samples on suspected TB patients, to transfer those samples to nearby TB centers for diagnosis, and then to offer on-site TB treatment when appropriate. This strategy aims to increase TB diagnosis and treatment among HIV patients by reducing loss to follow-up between TB and ART sites.

The USG is working to improve TB diagnosis capabilities by strengthening the capacities of TB reference centers to perform TB culture using liquid media. In FY 2009, the USG supported improved smear microscopy through adaptation and roll-out of the CDC/WHO smear microscopy training package and support for increased use of fluorescent LED microscopy (with maintenance of both existing and new microscopes) as part of an effort to increase TB case finding. The USG also continued to support the PNLT to improve the quality of sputum smear microscopy through external quality assessment by blinded rechecking. Newly renovated labs at the Institut Pasteur and CeDReS are awaiting equipment installation. In addition, six TB diagnosis and treatment centers (the CATs Abobo, Koumassi, Bouake, San Pedro, and Daloa and the CDT Bouafle) were renovated with USG support.

To improve TB infection control, the PNLT developed a draft infection control policy and guidelines, to be validated and piloted in 20 sites in 2010. To improve coordination of TB/HIV activities, the PNLT created a national TB/HIV joint committee with TB and HIV program partners, which conducts quarterly meetings to assess progress and improve implementation of TB/HIV activities.

Implementing partners are working with the MOH to integrate HIV indicators within the national health system and at specialized TB centers and integrated peripheral sites, and job aids and training tools for counselors and other professionals are being adapted.

Goals and strategies for the coming year

A USG strategic-thinking exercise conducted in 2009, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners, and other stakeholders, identified five cross-cutting strategic emphases for FY 2010 and beyond: improved quality, stronger human and systems

capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. During FY 2010 in the HVTB budget code, USG support will prioritize TB/HIV integration, quality improvement, and expansion of service coverage, operationalizing its strategic emphases through the following priorities:

1. Expanding coverage and improving uptake and quality of HIV testing among TB patients and TB diagnosis among HIV-infected patients.

PEPFAR will support integration of HIV testing, care and treatment in 17 more TB centers, for a total of 110 supported TB/HIV sites. PEPFAR will directly support the PNLT in training health care workers at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation. PEPFAR will support the PNLT in scaling up the routine opt-out PITC strategy at all TB clinics, with a target of HIV testing for 80% of TB patients (approximately 20,000) by September 2010 and an ultimate goal of 100% (about 25,000). An emphasis will be put on strengthening TB diagnosis among children under 5.

USG partners will continue to work with the PNLT to incorporate a clinical TB symptom screening tool into the national HIV patient encounter form, which will be used by all USG partners at registration and at each follow-up visit for intensified TB case finding among at least 60% of HIV-infected patients attending HIV care and treatment sites. The USG will continue to support improvement of the quality of sputum smear microscopy at central, regional, and district health centers by strengthening the quality-assurance system through external quality assessment and on-site supervision. To improve accuracy and speed of TB smear microscopy, fluorescent LED microscopy will be introduced and supported at 15-20 sites in FY 2010.

The USG will also continue development and decentralization of rapid TB liquid culture capability using MGIT technology to strengthen intensified TB case finding among HIV-infected persons, diagnosis of smear-negative TB, and culture and drug susceptibility testing for TB cases failing primary treatment. The USG will also support the continued development, with financial and technical support from FIND and UNITAID, of molecular diagnostic capacity (at IPCI-Cocody, CeDreS, and RetroCI, and later at CAT Adjame) for TB diagnosis and drug susceptibility testing of smear-positive specimens. Referral of specimens to the central laboratories will be facilitated by continued development and strengthening of a TB laboratory network and specimen transport system that will support all TB diagnostic and treatment centers.

In support of improved TB diagnostic imaging, the USG will support a pilot to introduce digital chest X-ray imaging capacity (with improved image capability, computer-assisted interpretation, improved external quality control via computer and expert remote radiographic interpretation of images transferred across the cell phone network, and elimination of the need for continued procurement of X-ray film) at the largest TB treatment center (CAT Adjame) and will pilot a mobile digital chest X-ray system to serve five to 10 TB/HIV treatment centers on a regular basis.

Despite these significant investments, overall requested funding for TB/HIV activities is slightly lower in FY 2010 than in FY 2009, in large part because substantial FY 2008-2009 funding for procurements (mobile X-ray unit, some laboratory equipment) and renovations will not need to be provided in FY 2010. The only major funding shift is for a new award expected to be granted to Institut Pasteur to support improved laboratory services. The country continues to receive substantial support from other donors, such as the Global Fund and Global Drug Facility, to control TB.

2. Improving care and treatment of TB/HIV co-infected patients.

As part of a family-centered approach, care for TB/HIV co-infected persons and their families will be linked with other prevention and palliative-care and treatment services. A range of individually focused health education and support, referrals, community interventions, and advocacy will be integrated.

Through its facility-based care and treatment partners, PEPFAR will continue to engage community-based organizations and NGOs to provide TB/HIV care to co-infected patients in the community, with effective referrals to health-care facilities.

3. Improving policy development and strengthening monitoring and evaluation of joint TB/HIV activities.

National TB recording and reporting tools revised by the PNTL to include HIV variables will be used by all PEPFAR-supported sites for TB/HIV surveillance. The Electronic TB Register (ETR.net) will be piloted in selected TB centers. The USG will also support the PNLT and the National HIV/AIDS Care and Treatment Program (PNPEC) to implement an updated national TB infection-control policy at all TB and HIV care and treatment sites in an effort to minimize nosocomial infections.

Implementing partners will provide technical assistance to incorporate relevant approaches into national policies and guidelines. To improve the quality of care, partners will document experiences to inform program expansion and improvement. Of particular interest are approaches to improve decentralized management and supervision, detect and link HIV- and/or TB-infected children to care, improve TB detection at peripheral health facilities, and improve TB treatment adherence and completion rates.

The USG team will work with the PNLT and PNPEC to develop a national policy related to isoniazide preventive therapy (IPT) and will support its implementation.

4. Strengthening coordination and sustainability of joint TB/HIV activities.

USG efforts in TB/HIV aim to strengthen the national HIV and TB programs to carry out collaborative activities. USG inputs serve to catalyze interactions between the two programs and among other key technical agencies. Activities of the new national TB/HIV joint committee will be reinforced with FY 2010 funding, and PEPFAR will support the PNLT to create decentralized joint TB/HIV collaborative committees at the district level with joint TB/HIV supervision plans.

All USG-funded partners will report quarterly program results and ad hoc requested program data to the national program as well as to the PEPFAR strategic information team. To help build a unified national M&E system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions agreed upon during these meetings.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6651	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	400,100
7163	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	400,000
7210	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	1,500,000
7379	US National Institutes of Health	Other USG Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	440,000
7383	Central Contraceptive Procurement	Private Contractor	U.S. Agency for International Development	GHCS (State)	600,000
7620	Macro International	Private Contractor	U.S. Agency for International		

			Development		
7621	Constella Futures	NGO	U.S. Agency for International Development	GHCS (State)	200,000
9383	World Food Program	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	200,000
9386	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	205,000
9390	University Research Corporation	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,000,000
9395	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHCS (State)	1,800,000
9396	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	29,708,000
9401	Ministry of National Education, Côte d'Ivoire	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,040,000
9404	Ministry of AIDS, Côte d'Ivoire	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	610,000
9409	Social Sector Development	NGO	U.S. Agency for International	GHCS (State)	1,650,000

	Strategies, Zambia		Development		
9414	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9415	Family Health International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,692,000
9416	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	14,157,257
9418	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,850,000
9419	CDC International Lab Coalition	Other USG Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
9423	Alliance Nationale Contre le SIDA	NGO	U.S. Department of Health and Human	GHCS (State)	1,600,000

			Services/Centers for Disease Control and Prevention		
9424	ACONDA	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	5,685,000
9425	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	460,000
9426	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,500,000
9431	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	750,000
10141	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
10276	Health Alliance International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,130,000
10791	JHPIEGO	NGO	U.S. Department of Health and	GHCS (State)	700,000

			Human Services/Centers for Disease Control and Prevention		
11489	U.S. Department of Defense (Defense)	Implementing Agency	U.S. Department of Defense	GHCS (State)	150,000
11491	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,337,000
12410	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12411	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12412	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

12413	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12414	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12415	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12416	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12417	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12418	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease	Redacted	Redacted

			Control and Prevention		
12419	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12420	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12421	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12422	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12423	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12424	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

12425	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12426	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12427	American Institute of Research	NGO	U.S. Agency for International Development		

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6651	Mechanism Name: UTAP-Tulane University
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,100	
Funding Source	**Funding Amount**
Central GHCS (State)	400,000
GHCS (State)	100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Tulane University has extensive experience in building sustainable local capacity for public health in Africa. Tulane's approach to capacity building focuses on establishing long-lasting relationships with local institutions and investing in training and mentoring programs that produce measurable improvements in technical and management capacity at the individual and institutional levels. With FY 2010 funding from PEPFAR, Tulane will work to build and strengthen capacities and systems in strategic information for health in Cote d'Ivoire.

The overall objective of Tulane's activities is to increase strategic information and project management capacity among Government of Cote d'Ivoire (GoCI) and NGO partners leading the HIV/AIDS response, as well as the USG team. Concretely, Tulane will work with local institutions to build individual and organizational competence in the areas of evidence-based planning, data analysis, management and presentation, program evaluation, project management, and organizational leadership.

The specific objectives guiding Tulane's interventions are to:

1) Increase individual and organizational skills and competence in the collection, analysis, management, presentation, and use of HIV/AIDS data, including geo-spatial data;
2) Increase PEPFAR partners' use of available data for HIV/AIDS intervention planning and mapping, particularly with respect to geographic coverage/rational deployment of services;
3) Ensure long-term, in-country, master's-level evaluation training for at least 30 Ivoirians by 2014;
4) Improve organizational management and leadership skills among senior government and NGO managers working in HIV/AIDS and related domains.

Most of Tulane's interventions will target Abidjan, where the majority of GoCI institutions and NGO headquarters are located. Candidates for master's-level training will be selected from across the country through a competitive process. Tulane may support additional training events in secondary locations throughout Cote d'Ivoire as deemed appropriate by USG/PEPFAR and national counterparts.

The target populations for Tulane's interventions include program and project managers working for PEPFAR-supported GoCI entities and NGOs as well as young professionals working in public health, statistics, monitoring and evaluation, public management and administration, or related fields.
Strategies and approaches to be used by Tulane include:
? Infrastructure support and rehabilitation
? In-country short-term training (between two days and two weeks)
? In-country long-term training in which participants complete a graduate-level curriculum culminating in the granting of a certificate or degree
? In-country fellowship programs featuring a combination of training, mentoring, and hands-on experience
? Technical assistance from Tulane expert staff for Ivoirian institutions and the USG team

FY2010 funding in strategic information will support training for at least 36 individuals and at least 20 mentoring sessions. Tulane will build the capacity of the National School for Statistics and Applied Economics (ENSEA) and one other local institution TBD. Tulane will also provide organizational leadership and management training to at least 15 senior HIV/AIDS managers in Cote d'Ivoire. Activities will include a feasibility assessment for development of a master's degree in evaluation.

Cross-Cutting Budget Attribution(s)

Education	200,000
Human Resources for Health	200,100

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**6651**
Mechanism Name:	**UTAP-Tulane University**
Prime Partner Name:	**Tulane University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	400,100	

Narrative:

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7163	**Mechanism Name: University of Washington I-TECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FY 2010 funding is requested to support continued development and implementation by the International Training and Education Center on HIV (I-TECH) of an open-source laboratory information system at CDC/Projet Retro-CI and two other national laboratories in Cote d'Ivoire, whose current activities are inadequately supported and secured with existing information systems.

The USG team initially provided $370,000 in FY 2008 funding to I-TECH, a collaboration between the University of Washington (UW) and University of California, San Francisco (UCSF), to support development of the system. In 2009, I-TECH continued its partnership with the UW-based Clinical Informatics Research Group (CIRG) to implement an open-source electronic laboratory information system (LIS) at the CDC/Projet Retro-CI lab, the National Reference Laboratory (LNSP), and Institut Pasteur.

I-TECH and CIRG have collaborated on the development and nationwide implementation of the iSanté electronic medical record for Haiti, which is used at more 30 sites in that country. ITECH and CIRG are now working with the Haiti National Public Health Reference Laboratory to adapt the OpenELIS open-source laboratory information system for local use and to develop a system for training and scale-up of the computerized system. The first phase of Haiti LIS implementation includes a closely related paper-based log system that serves back-up functions as well as informing standardized processes among laboratories.

In June 2009, I-TECH staff visited Abidjan to work with SI and lab teams on the rollout of OpenELIS. Detailed plans were made to equip the three leading laboratories, During the field visit, an Ivoirian IT/informatics specialist was recruited to facilitate the deployment. He received training in Seattle for two weeks. Plans are underway to test the application in January 2010 at RetroCI with I-TECH technical assistance. Since it was found that CDC would not permit the new LIS system to use its network due to security concerns, the project has been working to create an independent lab system network. This should be in place in early 2010. OpenELIS should be fully functional at RetroCI by June 2010.

FY 2010 funds will be used to deploy OpenELIS at the LNSP and Institut Pasteur. While this proposal specifically addresses needs for an LIS at Retro-CI and two other national laboratories, the approach is readily adaptable for use within other clinical laboratories in Côte d'Ivoire. Based on results of the first phase, an expanded scope maybe developed in the future.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7163**
Mechanism Name:	**University of Washington I-TECH**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	400,000	

Narrative:

FY 2010 funding is requested to support continued development and implementation by the International Training and Education Center on HIV (I-TECH) of an open-source laboratory information system at CDC/Projet Retro-CI and two other national laboratories in Cote d'Ivoire, whose current activities are inadequately supported and secured with existing information systems.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7210	**Mechanism Name: MMAR III GHA-00 8**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000

Key Issues

Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**7210**
Mechanism Name:	**MMAR III GHA-00 8**
Prime Partner Name:	**University of North Carolina at Chapel Hill, Carolina Population Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7379	Mechanism Name: NIH Fogarty M&E Fellowship
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Contract
Prime Partner Name: US National Institutes of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 440,000	
Funding Source	**Funding Amount**
GHCS (State)	440,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cote d'Ivoire's national response to HIV/AIDS is suffering from a dearth of qualified Ivorians in program monitoring and evaluation (M&E). The quality of data reported by the government of Cote d'Ivoire and some PEPFAR partners is below international standards. A recent audit by the regional inspector general based at USAID Dakar found problems in data reported to OGAC, and PEPFAR CI invests significant effort in working to improve national and partner data. M&E shortcomings also limit the quality of data use for rational decision-making. The Ivoirian educational system does not offer any degrees concentrated on M&E.

To respond to this problem, the government of Cote d'Ivoire in collaboration with PEPFAR decided to develop a fellowship program that aims to provide qualified M&E officers to donors, implementing partners, and the government. This fellowship targets graduates in statistics, public health, epidemiology, and related fields. Upon the completion of the program, fellows will have the ability to work as M&E officers for an HIV program.

During the 18-month fellowship, which includes a monthly stipend and health insurance, each fellow will be successively integrated into a host government team, an implementing partner's team, and a donor's team (six months each). Each team receiving a fellow will be required to have a designated mentor to coach the fellow. Six short-term trainings (one to four weeks each) will be organized for the fellows. NIH/Fogarty Center has been selected to coordinate the fellowship, including:

1. Development and implementation of the curriculum
2. Selection and appointment of fellows
3. Payment of stipends and health insurance premiums

PEPFAR partners hosting fellows, including the PEPFAR Cote d'Ivoire strategic information branch, will ensure that fellows are integrated within their M&E teams and will provide appropriate coaching and learning opportunities.

In 2009, eight candidates were selected for an intensive public health summer course at the University of California at Berkeley. Courses included biostatistics, epidemiology, public health monitoring and evaluation, English and others. One of those who participated works in the PEPFAR Cote d'Ivoire SI branch, focusing on monitoring and evaluation.

For 2010, plans are underway to select another group of eight candidates with experience and commitment to working in HIV/AIDS to attend a summer program at UC Berkeley. In addition, four candidates for master of public health degrees will be selected to attend UC Berkeley and the University of Bordeaux.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7379**		
Mechanism Name:	**NIH Fogarty M&E Fellowship**		
Prime Partner Name:	**US National Institutes of Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	440,000	
Narrative:			

Cote d'Ivoire's national response to HIV/AIDS is suffering from a dearth of qualified Ivorians in program monitoring and evaluation (M&E). The quality of data reported by the government of Cote d'Ivoire and some PEPFAR partners is below international standards. A recent audit by the regional inspector general based at USAID Dakar found problems in data reported to OGAC, and PEPFAR CI invests significant effort in working to improve national and partner data. M&E shortcomings also limit the quality of data use for rational decision-making. The Ivoirian educational system does not offer any degrees concentrated on M&E.

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For 2010, plans are underway to select another group of eight candidates with experience and commitment to working in HIV/AIDS to attend a summer program at UC Berkeley. In addition, four candidates for master of public health degrees will be selected to attend UC Berkeley and the University of Bordeaux.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7383	**Mechanism Name: Contraceptive Commodities Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Central Contraceptive Procurement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism contributes to the key issues of military populations, family planning, and increasing gender equity through the provision of male and female condoms.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Military Population
Family Planning

Budget Code Information

Mechanism ID:	**7383**		
Mechanism Name:	**Contraceptive Commodities Fund**		
Prime Partner Name:	**Central Contraceptive Procurement**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7620	**Mechanism Name: Macro DHS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7621	**Mechanism Name: Futures Constella PF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Constella Futures	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7621 Mechanism Name: Futures Constella PF Prime Partner Name: Constella Futures			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9383	**Mechanism Name: WFP USAID CoAg**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: World Food Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	200,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	**9383**		
Mechanism Name:	**WFP USAID CoAg**		
Prime Partner Name:	**World Food Program**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9386	**Mechanism Name: State #GPO-A-11-05-00007-00**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 205,000	
Funding Source	**Funding Amount**
GHCS (State)	205,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	125,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9386**		
Mechanism Name:	**State #GPO-A-11-05-00007-00**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	30,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	175,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9390	**Mechanism Name: Healthcare Improvement Project QA/WD Follow-On**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Healthcare Improvement Project (HCI) managed by the University Research Co. (URC) provides technical assistance in support of the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), the Ministry for the Fight Against AIDS (MLS), the National OVC Program (PNOEV), and PEPFAR implementing partners to optimize the quality and effectiveness of HIV/AIDS prevention, treatment, and care and support interventions in Cote d'Ivoire.

Starting work in Cote d'Ivoire in January 2008, URC supported the PNPEC in performing an assessment of the quality of clinical care and treatment of HIV/AIDS patients at 41 sites, with the involvement of the health districts and PEPFAR clinical care partners. The assessment was the starting point for an improvement plan, based on "improvement collaboratives" promoting quality and efficiency through shared learning and information dissemination, that is being implemented by PNPEC and partners with technical assistance from URC at 41 sites and will be expanded to 120 sites with FY 2010 funding.

URC is also using FY 2009 funding to work with national programs and implementing partners to conduct quality-improvement activities for HIV/AIDS prevention and OVC care and support, and URC will continue

and build on these activities with FY 2010 funds. In addition, FY 2010 funds will support quality-improvement work in support of PMTCT sites and of laboratory accreditation.

In all program areas, URC will continue to place a particular emphasis on the development of national standards and tools to measure interventions and program outcomes, as well as on hands-on mentoring of implementing partners and national counterparts.

Funding for URC is requested in HVAB, HVOP, HTXS, and HKID and for the first time the MTCT and HLAB. URC's significant funding increase reflects the USG team's emphasis on quality improvement as a major strategic emphasis, as well as the positive results of URC's work so far, including improvements in key indicators at intervention ART and PMTCT sites:
• More than 60% of ART patients and 50% of PMTCT patients had complete medical records, compared to 20% and 15%, respectively, during the initial assessment.
• Loss to follow-up among ART patients was reduced from 45% to 18%.
• 50% of children born to HIV-positive women were tested for HIV, compared to 9% during the assessment.

FY 2010 activities will focus on strategies and interventions that continue to build capacity and improve upon existing standards across all technical areas. URC will conduct capacity building through joint identification, development, and refinement of improvement objectives, indicators, and care processes. This will be accomplished through training stakeholders from national programs and district-level partners through learning sessions, coaching, and supervisory systems that will serve to improve data collection and analysis.

URC/HCI professional staff will provide technical assistance to partners to organize improvement activities, provide training in quality improvement at learning sessions, accompany regional coaches for mentorship, and assist with problem solving, data validation, and analysis. The HCI staff will also prepare consolidated reports of collaborative achievements.

URC's activities contribute to the key issues of 1) TB, through the inclusion of TB clinics in quality-improvement collaboratives; 2) increasing women's legal rights and protection, by helping define and apply OVC quality standards that address protection of girls; and 3) increasing gender equity, by emphasizing the participation of girls in OVC programs and working to ensure that ART/PMTCT collaboratives include at least one women from each participating facility.

In May 2010, using central funds, URC/HCI expects to organize an African Conference and Workshop on Developing an HIV Chronic Care Model in Kampala. Once designed and tested, this model could be

adapted for Cote d'Ivoire.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,500,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
TB

Budget Code Information

Mechanism ID:	**9390**
Mechanism Name:	**Healthcare Improvement Project QA/WD Follow-On**
Prime Partner Name:	**University Research Corporation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

The Health Care Improvement Project (HCI), managed by the University Research Company (URC), will continue to provide technical assistance to the National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs as well as to PEPFAR implementing partners to improve the quality of OVC interventions in Cote d'Ivoire.

URC has provided technical support to develop and pilot OVC interventions and build capacity among "learning groups" of community care providers. In working to improve the quality of OVC services, URC has also sponsored large-scale capacity building events and shared best practices.

With FY 2010 funding, URC will continue to support the National OVC Program (PNOEV) to implement a quality-improvement strategy and build consensus among OVC stakeholders to produce measurable outputs in which stakeholders can observe tangible improvements in the lives of OVC.

The quality improvement strategy includes the following key interventions:

• Planning for quality improvement of OVC programs will be conducted. This intervention will involve a situational analysis of quality issues for OVC programming in which best practices and barriers to quality care will be examined. Key stakeholders will be identified to build support for OVC advocacy and bolster policy level national programming.
• Quality service standards will be further defined. The technical working group focusing on the quality of OVC services will be reconvened to update the national framework for OVC service delivery standards.
• Communicating quality standards to the point of service delivery will be critical to improving existing OVC services. Capacity building workshops will be organized for service providers to develop communication strategies and discuss service standards.
• Service providers will be increasingly engaged in quality improvement processes. URC will work toward building the capacities of the MFFAS/PNOEV and local organizations to support quality improvement through "learning groups." Periodic coaching support will be provided.

The indicators used to measure quality will be a combination of outcome measures (e.g., the Child Status Index) and process indicators that measure providers' adherence to the standards developed in this project. Routine data collection, monitoring, and evaluation will be conducted in collaboration with implementing partners and with technical assistance by Measure Evaluation to ensure that program area targets are being met and the quality of OVC services are up to national standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	800,000	

Narrative:

Starting work in Cote d'Ivoire in January 2008, URC supported the PNPEC in performing an assessment of the quality of clinical care and treatment of HIV/AIDS patients at 41 sites, with the involvement of the health districts and PEPFAR clinical care partners. The assessment showed that the two biggest problems were inadequate documentation of patient care and the attrition of patients (perdus de vue) at every step of the testing, care, and follow-up processes for both ART and PMTCT. Fewer than 20% of ART patients had complete medical records. Six months after initiating care, 66% of pre-ART patients and 45% of ART patients had been lost to follow-up.

The assessment was the starting point for an improvement plan, beginning with a demonstration "improvement collaborative" involving four partners and 41 sites. An improvement collaborative is an organized network of sites (e.g., districts, facilities, or communities) that work together for a limited period of time, usually nine to 24 months, to rapidly achieve significant improvements in processes, quality, and

efficiency of a specific area of health care through shared learning and intentional spread methods. The two initial improvement objectives of the demonstration collaborative were to improve documentation and to reduce patient attrition. Reducing patient attrition is crucial to improving outcomes of care and long-term survival of HIV-infected persons. The initial plan also included an expansion collaborative to follow the demonstration collaborative a year later.

The collaborative was launched in January 2009, followed by three learning sessions to train teams and share results, as well as coaching visits to help site teams with monitoring and improvement work. Trainings and coaching visits were conducted with PNPEC, PSP, DIPE and partners (EGPAF, Care International, ACONDA, ICAP, and UNICEF).

Work at the site level is led by QI teams that develop and test changes. The teams comprise MOH facility staff, including doctors, nurses, midwives, community workers, pharmacists, and laboratory technicians. After seven months of collaborative site activities, there have been a number of improvements:
• New DIPE forms and registers have been distributed by partners, which has facilitated improved documentation and the collection of data needed for the collaborative indicators.
• Sites have implemented changes to reduce attrition, including:
• Identifying patients not keeping scheduled appointments or lost to follow-up
• Calling patients or contacts to encourage them to return to the clinic
• Using local NGOs to trace lost patients
• Improving counseling to prevent attrition
• Carrying out CD4 counts the day the patient tests HIV-positive
• Reporting the results of the CD4 count within two days of the test
• Scheduling the first physician visit for ART-eligible patients within two weeks of the CD4 count
There have been improvements in the key indicators:
• More than 60% of ART patients had all (100%) of items filled in the medical record.
• Loss to follow-up was reduced to 18% of ART patients

With FY 2010 funding, URC will build on and extend its quality-improvement work from 41 to 120 ART and PMTCT sites. Objectives will include:
• Continue QI capacity building with the PNPEC, implementing partners, districts, and facilities
• Significantly improve outcomes of ART care by dramatically reducing attrition through an expansion collaborative building on lessons learned from the first demonstration collaborative
• Work with the PNPEC to develop, test, and expand an HIV chronic care model to maximize long-term patient survival
• Reinforce the national information system by improving the quality of the data from the HIV care system

URC will assist the PNPEC, other partners, and district facilities to plan and implement an expansion collaborative (starting in April 2010) aimed at improving the quality of documentation and adherence to standard procedures. Specific activities will include:
• Continue capacity building through joint identification, development, and refinement of improvement objectives, indicators, and care process changes.
• Continue capacity building by training the PNPEC, partners, and districts to direct learning sessions, to coach, and to strengthen supervisory systems, including coaching site teams in data collection, analysis, and use.
• Collect and document best practices in attrition prevention and reduction in the demonstration collaborative, thus producing a package of best practices for spread during the expansion collaborative.
• Provide technical assistance to partners to organize improvement activities, provide training in QI at learning sessions, accompany and mentor regional coaches, and assist with problem solving, data validation, and data analysis.

In May 2010, using central funds, URC/HCI expects to organize an African Conference and Workshop on Developing an HIV Chronic Care Model in Kampala. Once designed and tested, this model could be adapted for Cote d'Ivoire.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	

Narrative:

Starting work in Cote d'Ivoire in January 2008, URC supported the PNPEC in performing an assessment of the quality of clinical care and treatment of HIV/AIDS patients at 41 sites, with the involvement of the health districts and PEPFAR clinical care partners. The assessment showed that the two biggest problems were inadequate documentation of patient care and the attrition of patients (perdus de vue) at

every step of the testing, care, and follow-up processes for both ART and PMTCT. Fewer than 15% of PMTCT clients had complete medical records. Only 25% of HIV+ women were referred for HIV care; among infants of HIV+ mothers, only 11% received cotrimoxazole, and only 9% were tested for HIV.

The assessment was the starting point for an improvement plan, beginning with a demonstration "improvement collaborative" involving four partners and 41 sites. An improvement collaborative is an organized network of sites (e.g., districts, facilities, or communities) that work together for a limited period of time, usually nine to 24 months, to rapidly achieve significant improvements in processes, quality, and efficiency of a specific area of health care through shared learning and intentional spread methods. The two initial improvement objectives of the demonstration collaborative were to improve documentation and to reduce patient attrition. The initial plan also included an expansion collaborative to follow the demonstration collaborative a year later.

The collaborative was launched in January 2009, followed by three learning sessions to train teams and share results, as well as coaching visits to help site teams with monitoring and improvement work. Trainings and coaching visits were conducted with PNPEC, PSP, DIPE and partners (EGPAF, Care International, ACONDA, ICAP, and UNICEF).

Work at the site level is led by QI teams that develop and test changes. The teams comprise MOH facility staff, including doctors, nurses, midwives, community workers, pharmacists, and laboratory technicians. After seven months of collaborative site activities, there have been a number of improvements:
1. New DIPE forms and registers have been distributed by partners, which has facilitated improved documentation and the collection of data needed for the collaborative indicators.
2. Sites have implemented changes to reduce attrition, including:
• Identifying patients not keeping scheduled appointments or lost to follow-up
• Calling patients or contacts to encourage them to return to the clinic
• Using local NGOs to trace lost patients
• Improving counseling to prevent attrition
• Carrying out CD4 counts the day the patient tests HIV-positive
• Accompanying pregnant women testing HIV-positive immediately to the lab for the CD4 test and facilitating attendance at the follow-up clinic
• Reporting the results of the CD4 count within two days of the test
• Scheduling the first physician visit for ART-eligible patients within two weeks of the CD4 count
• Ensuring that the infant's health record notes the mother's HIV status and that the infant is tested for HIV at two weeks

There have been improvements in key indicators:

• More than 50% of PMTCT patients had all (100%) of items filled in the medical record.
• 50% of children born to HIV-positive women were tested for HIV.

With FY 2010 funding, URC will build on and extend its quality-improvement work from 41 to 120 PMTCT and ART sites. Objectives will include:
• Continue QI capacity building with the PNPEC, implementing partners, districts, and facilities
• Significantly improve outcomes by dramatically reducing attrition through an expansion collaborative building on lessons learned from the first demonstration collaborative
• Reinforce the national information system by improving the quality of the data from the HIV care system

URC will assist the PNPEC, other partners, and district facilities to plan and implement an expansion collaborative (starting in April 2010) aimed at improving the quality of documentation and adherence to standard procedures. Specific activities will include:
• Continue capacity building through joint identification, development, and refinement of improvement objectives, indicators, and care process changes.
• Continue capacity building by training the PNPEC, partners, and districts to direct learning sessions, to coach, and to strengthen supervisory systems, including coaching site teams in data collection, analysis, and use.
• Collect and document best practices in attrition prevention and reduction in the demonstration collaborative, thus producing a package of best practices for spread during the expansion collaborative.
• Provide technical assistance to partners to organize improvement activities, provide training in QI at learning sessions, accompany and mentor regional coaches, and assist with problem solving, data validation, and data analysis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

Accreditation is an important milestone on the path of continuous quality improvement. Successful participation in accreditation programs should be a long-term operational goal for both public health and medical laboratories. While laboratories strive to support scale-up toward universal access to HIV testing, it is vital that testing services be of consistent high quality and that clinicians be able to rely on lab results for patient-care decisions. The establishment of the WHO-AFRO Lab Accreditation Program provides an important opportunity to improve laboratory quality practices in Cote d'Ivoire. It is now feasible to set laboratory accreditation as an explicit priority and goal. Laboratory accreditation is also among the new PEPFAR laboratory indicators.

Major changes in Cote d'Ivoire's laboratory systems are required and will require significant time, effort, and investment. The regional accreditation institution CRESAC (Centre Regional d'Evaluation en Santé et d'Accreditation) has been asked by the Ministry of Health (MOH) to lead the WHO –AFRO accreditation process nationwide, in collaboration with key central laboratory institutions, including the National Public Health Laboratory (LNSP). A national accreditation plan developed in 2009 includes 20 regional and district hospital laboratories that are already engaged in the URC-supported quality improvement program for HIV/AIDS services, along with three central reference laboratories and the national blood bank laboratory.

With FY 2010 funding, URC will work to strengthen the capacity of CRESAC to develop national laboratory accreditation documents based on WHO-AFRO standards and to establish a national vision for laboratory accreditation, with accreditation as a strategic objective in the national laboratory strategic plan. With technical assistance by URC and ASCP, CRESAC will strengthen coordination among key central laboratory institutions and partners for policy and planning, implementation, human resources and training, procurement and supply chain, facilities and equipment, and quality management.

URC will work closely with the LNSP, the CDC/Retro-CI Lab, and PEPFAR care and treatment implementing partners (EGPAF, ACONDA, ICAP, and Health Alliance International) for to assess the 24 laboratories, establish and implement a training plan, develop laboratory documentation, and address infrastructure and equipment needs. In collaboration with ASCP and Retro-CI, URC will organize two training-of-trainer workshops leading to the training and certification of a pool of at least 20 national assessors.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9395	**Mechanism Name: Infant and Young Child Nutrition (IYCN) Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000

Funding Source	Funding Amount
GHCS (State)	1,800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Nutrition support, an important aspect of comprehensive HIV/AIDS prevention, treatment, and care services, has been limited in many PEPFAR-supported programs. In an effort to develop and implement a nutrition strategy and services for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG team significantly increased its investments, starting with FY 2007 plus-up funds, to strengthen this area of work. All care and treatment partners provide some nutrition-related services. Major partners focusing on nutrition are IYCN/PATH and AED/FANTA for technical assistance, the World Food Program, and the Ministry of Health's National Nutrition Program (PNN).

IYCN/PATH receives funding in the HKID, PDCS, and PMTCT budget codes to help strengthen national capacity to provide high-quality nutritional assessment, counseling, and support to HIV-infected and -exposed infants and other OVC as well as to pregnant/lactating women, in collaboration with national programs (PNN, HIV/AIDS care and treatment (PNPEC), child health (PNSI), OVC (PNOEV), reproductive health (PNSR), public health (INSP)) and PEPFAR implementing partners. PATH's technical assistance consists of building the capacity of the government, partners, and health and social workers at PMTCT, pediatric ART, and OVC sites (social centers) to provide:
? Appropriate planning, implementation, coordination, and monitoring of nutrition support, based on up-to-date policies, practices, and tools.
? High-quality infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services.
? Nutritional assessment, counseling, and support as an integrated part of care at clinics, at home, and at social centers, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished clients.
? Linkages to food aid and social services that can assist in the assessment and support of household food security.
? Training and coaching for health, social, and community workers, as well as OVC caregivers
? Wrap-around nutrition support.

PATH works at the national level, to help ensure appropriate policies and materials, as well as at the

health district and site levels nationwide. In coordination with the national programs, PATH will support at least 154 PMTCT sites (up from 124 as of September 2009), 10 pediatric care sites, 30 UNT/CNT sites (up from 20), and 40 social centers providing "platform" services for OVC (up from 28) by September 2010.

With FY2010 funding, PATH will continue FY 2008-2009 work with the PNN, PNPEC, PNOEV, and implementing partners to scale up integrated nutrition services as an essential component of PMTCT, pediatric HIV/AIDS care and treatment, and OVC care. Between October 2010 and September 2011, PATH activities are expected to support nutritional assessment and counseling for at least 240 HIV-positive children, therapeutic or supplementary feeding (with food provided through other partners) for at least 80 HIV-positive malnourished children, and training in nutritional assessment and care for at least 90 health care providers and 130 OVC caregivers. Major activities will focus on:
• Strengthening the capacity of Ministry of Health (MOH) district offices to integrate and scale up infant feeding and nutrition activities, with a streamlined training plan and follow-up coaching and monitoring.
• Helping to implement the national document on minimum standards for equipment (e.g. measuring ribbon, infant feeding cup, weight measure, materials for dietary demonstrations, therapeutic food) for PMTCT sites, OVC social centers, rural health centers, and community workers
• Revising guidelines, policies, training curricula, job aids, and IEC materials as needed on therapeutic care for malnourished infants
• Strengthening the capacity of government therapeutic nutritional centers (UNTs and CNTs), in collaboration with national programs and international partners (UNICEF,WHO)
• Promoting guidelines for the identification of malnourished infants in the community, as well as referral systems for appropriate clinic-based therapeutic care
• Strengthening the capacity of national trainers in Nutrition and HIV
• Promoting recipes appropriate for OVC ages 6-24 months developed during through food mapping by region.
• Working with the PNN, PNPEC, and RIP+ (national network of PLWHA organizations) to promote the creation of HIV/AIDS support groups and use of monthly discussion topics with messages about the importance of routine follow-up, delivery at health facilities, immunization, cotrimoxazole prophylaxis, nutrition, and disclosure of HIV status to partners.

PATH works to build national ownership and capacity through support for training of national and district program staff as well as health workers, social workers, and community workers from the public and private sectors; integration of HIV and Nutrition into pre-service training curricula for health providers and social workers; and the elaboration of strong national policies, guidelines, and tools. PATH works to strengthen national and district-level technical groups and coordination bodies. PATH uses its M&E system to provide timely, accurate reports to national authorities and the USG strategic information team,

takes part in quarterly SI meetings, and participates in the process of integrating nutrition indicators in the national management information system to improve access to data for decision-making.

PATH's work to improve nutrition and related care for pregnant women, mothers, infants, and children contributes to the key issues of child survival, safe motherhood, and increasing gender equity.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	1,720,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**9395**
Mechanism Name:	**Infant and Young Child Nutrition (IYCN) Project**
Prime Partner Name:	**Program for Appropriate Technology in Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	500,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	1,000,000	

Narrative:

IYCN/PATH receives PEPFAR funding in the MTCT budget code to help strengthen national capacity to provide high-quality nutritional assessment, counseling, and support to HIV-infected and -exposed infants and pregnant/lactating women at PMTCT sites. Working in support of the national programs (nutrition (PNN), HIV/AIDS care and treatment (PNPEC), child health (PNSI), OVC (PNOEV), reproductive health (PNSR), and public health (INSP)) and in collaboration with the International Baby Food Action Network (IBFAN-CI), Stratégie Accélerée pour la Survie et le Développement de l'Enfant (SASDE), and PEPFAR implementing partners, PATH provides technical assistance to build the capacity of the government, partners, and health workers to provide:

? Appropriate planning, implementation, coordination, and monitoring of nutrition support, based on up-to-date policies, practices, and tools.

? High-quality infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services.

? Nutritional assessment, counseling, and support as an integrated part of care, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished clients.

? Linkages to food aid and social services that can assist in the assessment and support of household food security.

? Training for health workers.

? Wrap-around nutrition support provided as part of PMTCT.

With FY 2009 prime-partner and subpartner funding, PATH is working to provide nutritional care and support at 30.8% of PMTCT sites (124/402) and training for 316 health workers by September 2010 with the WHO integrated six-day course, as well as shorter on-site training for more than 805 health workers. PATH is working to strengthen the capacity of health districts to integrate and scale up infant feeding and nutrition activities, moving from demonstration activities at a limited number of sites to support scale-up at existing PMTCT sites and integration of infant feeding and nutrition care at new sites. In five zones, PATH is working closely with the district health team to plan, implement, and coordinate nutrition activities as part of district micro-plans and to implement a streamlined training and equipment plan for care providers.

With national programs and implementing partners, PATH will also provide technical assistance to PNN to integrate HIV and Nutrition in pre-service training curricula for midwives and nurses as needed; to adapt national minimum standards for equipment for PMTCT services to monitor infant growth

(measuring ribbon, infant feeding cup, weight measure, materials for diet demonstrations) and to equip 50 PMTCT sites; and to develop guides to creating HIV/AIDS support groups and to monthly discussion topics with messages about the importance of routine follow-up, delivery at health facilities, immunization, cotrimoxazole prophylaxis, nutrition, and disclosure of HIV status to partners.

PATH's significant funding increase in FY 2010 reflects both the USG team's commitment to improving and scaling up nutrition support in PMTCT and the fact that unlike in previous years, PATH's work will be supported mostly through direct prime-partner funding instead of relying in part on subgrants from care and treatment partners.

Continuing and building on FY 2009 activities, PATH's FY 2010 activities will include technical assistance to the PNN and PNPEC to:
? Extend the nutrition-support package to 30 additional PMTCT sites by September 2010, reaching at least 38.3% coverage of PMTCT sites.
? Evaluate and support health districts' micro-planning for integrating nutrition and HIV activities
? Train and equip 20 regional trainers in Nutrition and HIV to promote and coordinate nutrition activities in their intervention zones (situational analysis, on-site training, and follow-up)
? Identify and meet training and equipment needs of at least 50 PMTCT sites
? Provide regular monitoring and supervision of Nutrition and HIV activities at all supported PMTCT sites, including support for HIV/AIDS support groups at 154sites as needed

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9396	**Mechanism Name: Supply Chain Management System**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 29,708,000	
Funding Source	**Funding Amount**

GHCS (State)	29,708,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since May 2005, SCMS has been the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, including for forecasting and management. As the PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2009, SCMS was procuring drugs and commodities for 49,697 ART patients and 105,530 non-ART HIV patients, with targets of 59,000 ART patients and 134,000 non-ART HIV patients by September 2010. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP), selected health districts, and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds.

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR CI, SCMS will use FY 2010 funds to continue technical and management assistance in support of the PSP. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as needs evolve. SCMS will regularly update national HIV/AIDS commodities forecasts and validate calculations based on use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to

Cote d'Ivoire.

In coordination with the MOH, Global Fund, other key donors, and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan. SCMS will strengthen the LMIS by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities.

Funding for SCMS is requested in the following budget codes: HXTD, MTXT, HVCT, HBHC, PDCS, HLAB, HVSI, and in three new budget codes, HXTS, PDTX, and OHSS. Overall mechanism funding is decreasing from $32,543,179 in FY 2009 to $29,708,000 in FY 2010, in large part because of lower estimates on needed ARV procurements and SCMS' significant funding pipeline.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	111,658
Human Resources for Health	798,814
Water	123,000

Key Issues

Child Survival Activities
Military Population
Mobile Population
Safe Motherhood
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**9396**
Mechanism Name:	**Supply Chain Management System**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	4,845,000	

Narrative:

Substantially increased funding for SCMS in the HBHC budget code reflects a shift of lab monitoring procurement costs for non-ART-eligible adult HIV patients from the HLAB to the HBHC budget code. Estimates of other costs are lower than in FY 2009, based in large part on 1) buying cotrimoxazole for 75% of HIV patients (in accordance with national guidelines) instead of 100%, and 2) not buying additional impregnated bed nets, as the Global Fund Malaria Grant is supplying enough bed nets to cover anticipated priority needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,680,000	

Narrative:

The addition of HTXS funding for SCMS reflects a shift of lab monitoring procurement costs for adult ART patients from HLAB to HTXS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	3,757,000	

Narrative:

Increased funding for SCMS in the HVCT budget code reflects higher targets and costs for testing (including a more expensive new testing algorithm) at PEPFAR-supported testing and counseling sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	956,000	

Narrative:

Substantially increased funding for SCMS in the PDCS budget code reflects a shift of lab monitoring procurement costs for non-ART-eligible pediatric HIV patients, as well as some procurement costs for early infant diagnosis, from the HLAB to the HBHC budget code.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	233,000	

Narrative:

The addition of PDTX funding for SCMS reflects a shift of lab monitoring procurement costs for pediatric ART patients from HLAB to HTXS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	610,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	400,000	

Narrative:

The addition of OHSS funding for SCMS is intended to support training and logistics automation as Côte d'Ivoire decentralizes its Public Health Pharmacy (PSP), including moving logistics officers to the regions. Funding will support in-service training for 25 pharmacists at PSP, 11 regional pharmacists, and 75 health district pharmacist, as well as the renovation of five health district pharmacies and automation of the logistics management information system for ARVs and laboratory commodities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,031,000	

Narrative:

Increased funding for SCMS in the MTCT budget code reflects higher targets and costs for testing (including a more expensive new testing algorithm) and prophylaxis at PEPFAR-supported PMTCT sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	536,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	13,660,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9401	Mechanism Name: CoAg Ministry of Education #U62/CCU24223
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of National Education, Côte d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,040,000	
Funding Source	**Funding Amount**
GHCS (State)	1,040,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Under a cooperative agreement with CDC/PEPFAR, the Ivoirian Ministry of Education (MEN) is implementing a five-year (2009-2013) project designed to improve HIV prevention and care services for students, teachers, other MEN staff, and their families and to integrate those services into the national educational system. As part of a multi-sectoral response consistent with the 2006-2010 HIV/AIDS National Strategic Plan, and in collaboration with other ministries and NGO/CBO/FBO partners, the MEN is building on PEPFAR-supported FY 2004-08 achievements to improve:

• The quality and coverage of HIV prevention activities through life-skills training for students.
• The promotion of HIV prevention among students and teachers through age-appropriate abstinence and be faithful (AB) behavior change communication (BCC) designed to delay sexual debut, promote fidelity, encourage partner reduction, and promote HIV testing and counseling.
• The promotion of correct and consistent condom use, as part of a comprehensive ABC approach, for those engaged in risky behavior (e.g. at teachers' training centers, as part of life-skills modules)
• Parental involvement and capacity to reinforce preventative behavior among students.
• An HIV-in-the-workplace program that focuses on BCC, peer education, stigma reduction, psychosocial support, and care and treatment referrals for seropositive teachers and staff. This includes support for QUITUS, an NGO of teachers living with HIV/AIDS, whose activities include encouraging teachers to seek testing and promoting positive living for those who are seropositive.

• Educational support for OVC (such as school fee subsidies, school canteen subsidies, supplies, psychosocial support, palliative care, and academic tutoring) designed to improve their school attendance and school performance.

The centerpiece of the MEN HIV/AIDS program is its life-skills curriculum, developed and piloted with PEPFAR-supported technical assistance, that is integrated into primary and secondary school academic subjects and accompanied by support materials containing HIV prevention and healthy-living messages. With FY 2009 funding, the MEN is working to refine its strategy, finalize the life skills curriculum, and extend life skills implementation to 10 more sites (for a total of 30 sites by March 2010, each consisting of all public and private schools at that site). The MEN reached 39,419 students with AB and healthy-living messages during FY 2009 and expects to reach 20,000 more by March 2010. Through close collaboration with its division of pedagogy and continuing education (APFC), the MEN is working to integrate life skills information in school books and to build the capacities of the staff unit responsible for life skills integration (CNFPMD). The MEN is teaching life skills techniques to pedagogical supervisors and teachers from the APFC, training school health club supervisors, and strengthening its Sports for Life AB activities.

Efforts have focused on scaling up life skills and ABC training for all 360 secondary and 112 primary-level regional teacher trainers at the 14 branch offices of the department of pedagogy. Teachers in rural areas are trained by PEPFAR partner ANADER to be "community development agents" to help link school-based and broader community initiatives in HIV prevention and care.

Similarly, the MEN is working to extend its Other Prevention, OVC care, and HIV care and support activities, including QUITUS support groups, to 10 additional sites (for a total of 30). The MEN approach relies on linking clinical care provided by its medical staff (or through referrals to other providers) to the home-based care and support provided by QUITUS members, AB peer educators from student health clubs, and other NGO service providers.

To reduce the vulnerability of OVC, the MEN works closely with the National OVC Program (PNOEV) and its collaborative OVC "platforms" built around social centers to ensure comprehensive OVC care. Social workers and special educators employed by the MEN work with NGO/CBO/FBOs to monitor the progress of OVC in school and coordinate with other organizations to provide care services and stigma-reduction activities. Social workers and teachers are trained to recognize and address the vulnerabilities of OVC, especially girls who may be at risk of engaging in transactional or inter-generational sex.

With FY 2010 funding, the MEN will continue and build on these activities. Priorities will include:

• Building the capacities of student peer educators, trainers, teachers, administrative personnel, counsellors, and social workers in life skills education, HIV prevention, BCC, and the MAP approach.
• Monitoring and evaluating the academic progress and behavior of a cohort of 5,022 students to assess the impact of life-skills teaching
• Conducting educational sessions (peer education outreach, group discussions, competitions, etc.) for students, teachers, other staff, and their families to promote abstinence and other HIV prevention, HIV testing, self-esteem, STI prevention and care
• Ensure the availability of male condoms and wooden phalluses at at least 80% of MEN intervention sites
• Providing care and support for at least 250 MEN personnel living with HIV and their families
• Training members of QUITUS in nutrition assessment and counseling, BCC, prevention with positives, and data collection
• Training nurses in STI care, HIV testing and counseling, and palliative care, and 15 MEN physicians in ARV prescription
• Building capacity in primary and secondary schools (social work assistants, special educators, teachers) to identify OVC and provide care for the most vulnerable
• Developing a sustainable strategy to ensure nutritional support for the most vulnerable OVC, in collaboration with the national school canteen program (DNCS), parent-teacher associations (COGES), social workers, the WFP, and PEPFAR
• Developing a sustainable strategy for subsidizing school-related fees for OVC
• Strengthening the M&E system through reproduction and distribution of data collection tools, IT equipment and Internet to facilitate reporting, improved technical and M&E supervision of activities, coordination meetings, and training

MEN M&E officers will work closely with regional antenna offices in charge of academic evaluation to track life skills pedagogic activities. The MEN will reinforce its coordination team at each site to track the progress of activities conducted in conjunction with NGOs and other partners in the school setting. The MEN will report quarterly program results and ad hoc requested program data to the USG strategic information team. To help build and strengthen a unified national M&E system, the MEN will participate in quarterly strategic information meetings.

Cross-Cutting Budget Attribution(s)

Education	733,061
Food and Nutrition: Commodities	78,139
Human Resources for Health	228,800

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Workplace Programs

Budget Code Information

Mechanism ID:	**9401**
Mechanism Name:	**CoAg Ministry of Education #U62/CCU24223**
Prime Partner Name:	**Ministry of National Education, Côte d'Ivoire**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	40,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

Under a cooperative agreement with CDC/PEPFAR, the Ivoirian Ministry of Education (MEN) is implementing a five-year (2009-2013) project designed to improve HIV prevention and care services for students, teachers, other MEN staff, and their families and to integrate those services into the national educational system. Activities supported in the HKID budget code focus on reducing the vulnerability of OVC by providing educational support (such as school fee subsidies, school canteen subsidies, supplies, psychosocial support, palliative care, and academic tutoring) designed to improve their school attendance and school performance.

While activities supported by FY 2009 have gotten a late start, the MEN is working with the National OVC Program (PNOEV) under the Ministry of Family, Women, and Social Affairs (MFFAS) and with UNICEF to train social workers and other MEN staff to identify and address OVC-specific needs and provide referrals to care at the MEN's 20 pilot intervention sites and 10 additional sites, for a total of 30 sites. The MEN is working with the PNOEV-supported collaborative "platforms" built around social centers to contribute to comprehensive OVC care and support (for 2,268 OVC during FY 2009), including through payment of school enrollment and examination fees for OVC in need of financial support in order to

increase school retention. To avoid double-counting in reporting project results, the MEN is working with the PNOEV and its social center coordination platforms to standardize data-collection tools and contribute to a national OVC database.

Social workers and special educators employed by the MEN work with NGO/CBO/FBOs to monitor the progress of OVC in school and coordinate with other organizations to provide care services. To increase community participation in OVC support, the MEN collaborates with other partners in community activities and national campaigns to raise awareness and reduce discrimination and stigmatization of OVC. Social workers and teachers are trained to recognize and address the vulnerabilities of OVC, especially girls who may be at risk of engaging in transactional or inter-generational sex. Collaboration with care partners (such as the school health centers (SSSUs), the PNOEV, QUITUS (an NGO of teachers living with HIV/AIDS), RIP+ (network of PLWHA organizations), Alliance-CI, Care International, and UNICEF) facilitate the identification of OVC in the schools and help to strengthen the system of referral to comprehensive care. These strategies are complemented by training and technical assistance, as well as sensitization and advocacy meetings to strengthen coordination and harmonize monitoring efforts. FY 2009 funds will also support an evaluation of the academic results of OVC at 30 sites at the end of the school year to assess whether the children's needs were met and to bridge service gaps.

A lack of sufficient school canteens continues to be a challenge in the education sector. Through dialogue with partners such as the World Food Program (WFP), UNICEF, and the National Direction of School Canteens (DNCS), the MEN is exploring how best to provide nutritional support to OVC in the absence of a canteen, in addition to mobilizing resources to fund additional canteens at the secondary-school level. On a limited scale, the MEN is continuing its collaboration with the WFP for the provision of food and nutritional assistance in rural areas, supplemented by income-generating activities in conjunction with school canteens through technical assistance from ANADER.

With FY 2010 funding, the MEN will continue and build on these activities. Priorities will include:

• Strengthening capacities in primary and secondary schools (among social work assistants, special educators, teachers) to identify OVC and provide care and support for the most vulnerable
• Providing technical, organization, and material support to strengthen the capacities of the MEN team responsible for OVC care in the school system.
• Developing a sustainable strategy to ensure nutritional support for the most vulnerable OVC, in collaboration with the DNCS, parent-teacher associations (COGES), social workers, the WFP, and PEPFAR
• Developing a sustainable strategy for the reduction of fees (school fees, inscription, exam), in collaboration with the COGES

• Working with implementing partners and social centers to strengthen the capacity of focal points in data collection and reporting.
• Conducting regular monitoring and joint supervision of activities with key stakeholders

Activities will provide support for at 2,000 OVC per year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	450,000	

Narrative:

Under a cooperative agreement with CDC/PEPFAR, the Ivoirian Ministry of Education (MEN) is implementing a five-year (2009-2013) project designed to improve HIV prevention and care services for students, teachers, other MEN staff, and their families and to integrate those services into the national educational system. Activities supported in the HVAB budget code focus on improving the quality and coverage of HIV prevention activities through life-skills training for students; the promotion of HIV prevention among students and teachers through age-appropriate abstinence and be faithful (AB) behavior change communication (BCC) designed to delay sexual debut, promote fidelity, encourage partner reduction, and promote HIV testing and counseling; and parental involvement and capacity to reinforce preventative behavior among students.

The MEN's life-skills curriculum, developed and piloted with PEPFAR-supported technical assistance, is integrated into primary and secondary school academic subjects and accompanied by support materials containing HIV prevention and healthy-living messages. While activities supported by FY 2009 have gotten a late start, the MEN is working to refine its strategy, finalize the life skills curriculum, and extend life skills implementation to 10 more sites (for a total of 30 sites by March 2010, each consisting of all public and private schools at that site). The MEN expects to reach 60,000 students with AB and healthy-living messages between April 2009 and March 2010. Through close collaboration with its division of pedagogy and continuing education (APFC), the MEN is working to integrate life skills information in school books and to build the capacities of the staff unit responsible for life skills integration (CNFPMD). The MEN is teaching life skills techniques to pedagogical supervisors and teachers from the APFC, training school health club supervisors, and strengthening its Sports for Life AB activities.

Efforts have focused on scaling up life skills and ABC training for all 360 secondary and 112 primary-level regional teacher trainers at the 14 branch offices of the department of pedagogy. Teachers in rural areas are trained by PEPFAR partner ANADER to be "community development agents" to help link school-based and broader community initiatives in HIV prevention and care.

The MEN is also using FY 2009 funding to:
• Strengthen the activities of at least 10 health clubs through the acquisition of audiovisual material (TV, CD players, DVD players) to facilitate the dissemination of HIV/AIDS audiovisual messages.
• Train peer educator instructors for health clubs at the new sites to implement HIV/AIDS activities.
• Reinforce the capacities of peer educators and trainers at existing sites in BCC and life skills.
• Train trainers, teachers, and teachers in training (CAFOP) in the life skills approach.
• Train pedagogical supervisors to monitor teachers implementing the life skills approach.
• Train trainers at in-service teacher-training institutions (ENS, INJS, INSACC) in order to build a pool of national trainers.
• Continue to support school health club activities that promote HIV prevention and healthy living (health club newspapers, activities guides, theater sketches, debates, essay writing, music, dance competitions, Sports for Life events, etc.). Secondary school social clubs will also be supported in integrating gender-sensitive and anti-violence content in their activities.
• Pilot Men as Partners, an HIV prevention program that addresses male norms and seeks to involve men in HIV prevention and care, at 20 sites in collaboration with school health clubs.
• Develop an HIV/AIDS guide for girls to address gender vulnerabilities in the school setting.
• Develop brochures and posters that address appropriate relations between students and teachers and outline the legal consequences of intergenerational sex in the school setting.
• Strengthen AB outreach with integrated life skills messages through activities such as theater competitions and film development.
• Developing and distributing/broadcast health club newspapers and youth program radio spots that have HIV/AIDS prevention information.

With FY 2010 funding, the MEN will continue and build on these activities. Priorities will include:

• Building the capacities of student peer educators, trainers, teachers, and counselors in life skills and BCC.
• Conducting academic and behavioral monitoring of 5,022 students who have received life skills teaching to assess the impact of life skills teaching.
• Conducting an outcome review/analysis of the life skills content for 18 new academic subjects.
• Conducting educational sessions (group discussions, competitions) for students, teachers, and other staff to promote abstinence, self-esteem, and HIV testing
• Ensuring media visibility of MEN HIV/AIDS activities
• Providing and maintain IT equipment at intervention sites
• Conducting regular data collection on life skills in intervention schools
• Conducting at least 4,230 class visits to assess the quality of the implementation of the life-skills program

• Strengthening the M&E system through reproduction and distribution of data collection tools, improved transmission of data, supervision of activities, coordination meeting, and training of 110 pedagogic trainers in data management and analysis

Activities will reach at least 42,500 individuals with HIV prevention in FY 2010 and 65,000 in FY 2011, with training for 7,790 people by September 2011.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	350,000	

Narrative:

Under a cooperative agreement with CDC/PEPFAR, the Ivoirian Ministry of Education (MEN) is implementing a five-year (2009-2013) project designed to improve HIV prevention and care services for students, teachers, other MEN staff, and their families and to integrate those services into the national educational system. Activities supported in the HVOP budget code focus on improving the quality and coverage of HIV prevention activities through life-skills training for students; the promotion of HIV prevention among students, teachers, other MEN staff, and their families through age- and risk-appropriate BCC; the promotion of correct and consistent condom use, as part of a comprehensive ABC approach, for those engaged in risky behaviour; and an HIV-in-the-workplace program that focuses on BCC, peer education, stigma reduction, psychosocial support, and care and treatment referrals for seropositive teachers and staff. This includes support for QUITUS, an NGO of teachers living with HIV/AIDS, whose activities include encouraging teachers to seek testing and promoting positive living for those who are seropositive.

The MEN is also committed to increasing parent involvement outreach to reinforce preventative behavior among students. Parents are actively engaged through meetings with COGES (parent-led school management boards) and also serve as members of the management boards of student health clubs at secondary schools. The MEN continues to coordinate with other partners in training teachers and COGES members in order to improve communication and reinforce behavior change among the entire secondary school community.

In collaboration with FHI, ANADER, ACONDA-VS, and other partners, the MEN is strengthening its HIV-in-the-workplace program. Condom demonstrations are conducted during workplace programs, and condoms are made available to staff. Teachers are trained in Other Prevention methods (241 in FY 2009), and students, teachers, other staff, and their families are reached with comprehensive ABC prevention messages. In addition, since 79% of primary school teachers and 86% of secondary school teachers are men, the MEN has prioritized prevention efforts to address male norms and encourage role

model behavior in remaining faithful in relationships, reducing the number of casual partners, and encouraging the use of condoms.

Efforts have focused on scaling up life skills and ABC training for all 360 secondary and 112 primary-level regional teacher trainers at the 14 branch offices of the department of pedagogy. Teachers in rural areas are trained by PEPFAR partner ANADER to be "community development agents" to help link school-based and broader community initiatives in HIV prevention and care. Referral systems for staff and students needing HIV-related care and treatment are being strengthened.

While activities supported by FY 2009 have gotten a late start, the MEN is working to strengthen and expand Other Prevention activities, alongside its extensive AB prevention portfolio, to 10 additional sites, for a total of 30 intervention sites by March 2010, each consisting of all public and private secondary schools at that site. The MEN is also engaging trainers in life skills, BCC, and Sports for Life (using soccer as a vehicle for HIV prevention education) to disseminate Other Prevention messages, including promotion of condom use among teachers and students engaged in high-risk behavior. School health clubs and health committees are organizing activities such as debates, radio spots, and theater competitions to convey Other Prevention messages through peer education. The MEN is working with QUITUS and other partners to train teachers and members of COGES to deliver BCC messages.

To address male norms that contribute to HIV risk, the MEN is collaborating with EngenderHealth to initiate a pilot program targeting men. Training in violence reduction and positive male norms is planned using the Men as Partners (MAP) approach.

With FY 2010 funding, the MEN will continue and build on these activities. Priorities will include:

• Training 90 teachers, administrative personnel, counselors, and social workers in HIV prevention, BCC techniques, and the MAP approach,
• Conducting peer education and community outreach on HIV prevention and STI screening
• Ensuring the availability of male condoms and wooden phalluses at at least 80% of MEN intervention sites
• Reproducing and distributing data collection tools for proximity sensitization
• Working with FHI and URC to train 630 MEN staff members in M&E quality improvement
• Facilitating data reporting through Internet connections at established and new intervention sites
• Conducting four coordination meetings
• Conducting quarterly supervision visits with PEPFAR and two supervision visits by mid-level focal points and the M&E team

Activities will reach at least 5,000 people with Other Prevention outreach in FY 2010 and 6,000 people in FY 2011, with training for at least 100 people per year.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9404	**Mechanism Name: CoAg Ministry of AIDS #U62/CCU024313**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of AIDS, Côte d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 610,000	
Funding Source	**Funding Amount**
GHCS (State)	610,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9404**
Mechanism Name:	**CoAg Ministry of AIDS #U62/CCU024313**
Prime Partner Name:	**Ministry of AIDS, Côte d'Ivoire**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	310,000	

Narrative:

The Cote d'Ivoire Ministry for the Fight Against AIDS (MLS) was created in 2001 to serve as the executive secretariat of the National AIDS Council, the principal governmental policy-making, strategic-planning, and coordination body of the response to the HIV/AIDS pandemic in Côte d'Ivoire. The mission of the MLS is to coordinate a comprehensive and effective multi-sector and decentralized national response to HIV/AIDS, and it thus plays a principal role in bringing together stakeholders to define national policy and strategies for the care, treatment, and prevention of HIV/AIDS.

Funding in the OHSS budget code is being increased (modestly, in absolute terms) from FY 2009 to support the MLS to continue and strengthen its coordination of the national response to HIV/AIDS. Highlights among proposed FY 2010 activities include the development of a new National HIV/AIDS Strategic Plan 2010-2013, followed by the development of a Partnership Framework with the U.S. government, and coordination of National HIV Testing Day.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9409	Mechanism Name: IQC AIDSTAR
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Social Sector Development Strategies, Zambia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,650,000	
Funding Source	**Funding Amount**
GHCS (State)	1,650,000

Sub Partner Name(s)

ACONDA	Alliance Nationale Contre le SIDA	Conseil d'Action Humanitaire Musulmane de Cote d'Ivoire
Conseils des ONG engagees dans la lutte contre le SIDA	Forum des ONG d'Aide a l'Enfance	InSTITUT National de Formation de Sciences Sociales
Mouvement Estudiant pour la Sensibilisation	Mouvement pour l'Education , la Sante et le Developpement	National Agency of Rural Development
Network of media professionals and artists against AIDS in Côte d'Ivoire	Unite de Formation et de Recherche des SCiences Medicales d'Abidjan Cocody	

Overview Narrative

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services. At present, the number and varying capacities of service providers limit the ability to scale up services and coverage while ensuring quality. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the USG team has provided FY 2008 and FY 2009 funds to SSDS under the AIDSTAR mechanism to focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. The primary objectives of these activities are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In addition, as a subcontractor under the AIDSTAR mechanism, JHPIEGO assists partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and to improve and increase use of the national training database.

FY 2010 funding is requested in OHSS, HVCT, and HVSI to continue and extend these activities. Increased funding requested in OHSS reflects a USG decision to budget more of these capacity- and system-building costs under systems strengthening rather than in technical areas such as HTXS. SSDS will also be funded in HVAB and HVOP, as well as the new budget code of HKID, to support direct HIV prevention and OVC service delivery by subpartners, including messages addressing the key issue of male norms and behaviors.

The main initial beneficiaries of SSDS's capacity building are:
- Alliance Nationale Contre le VIH/SIDA (ANS-CI), a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees, serving as a linking organization between donors/partners and civil society organizations working at the community level.
- ACONDA-VS, an Ivoirian NGO providing HIV/AIDS treatment, care, and prevention services.
- ANADER (National Agency for Rural Development), a semistatal organization providing HIV prevention and care services in underserved rural areas.
- Seven local NGO/CBO/FBOs (current or former ANS-CI subpartners) that provide direct prevention and OVC care services. Funding for their service-delivery subgrants is budgeted in HVAB, HVOP, and HKID.

The USG team believes that ANS-CI, ACONDA, and ANADER – all three PEPFAR prime partners – and the seven local subpartners need technical assistance in organizational capacity development to achieve their objectives and create sustainable systems. With FY 2008 and 2009 funding, SSDS is responsible for providing organizational development support to ANS-CI and some of its current or former sub-grantees as well as to ACONDA and ANADER.

After significant delays, SSDS is conducting participatory needs assessments of ACONDA, ANADER, and ANS-CI and sub-grantees identified by the USG team to determine their level of understanding of USG and PEPFAR rules and regulations; organizational management practices and policies; fiscal management practices, including systems and funds tracking; and human resources management practices. Based on the findings from these assessments, SSDS will develop an action plan tailored to the organizational development needs of the partners with milestones to monitor progress toward objectives. SSDS will, as needed, provide training in USG regulations and requirements and in managing and tracking resources. SSDS will also provide assistance to establish effective budgeting practices and ensure compliance with audit requirements, and will ensure adequate record-keeping for program reporting and improvement. SSDS will be responsible for actively managing, administering, and reporting

results for all subgrants given as part of this activity.

With HVSI funding, SSDS also is working with the MOH to update and improve the training monitoring information system (TIMS) and data collection tools and guidelines for training data quality.

With FY 2010 funding, SSDS will continue these activities, which may in the future be extended to other indigenous organizations financed by PEPFAR. Major SSDS activities planned with FY 2010 funding include:
- Helping partners to conduct strategic planning workshops and develop strategic implementation plans
- Assisting the local partners in implementing their action plans, including conducting training workshops for community health workers, providing national/international standards and guidelines, and other mentoring interventions based on findings of the needs assessments
- Conducting training workshops and providing technical assistance in financial management, governance, program management, and M&E for local partners.

As a subcontractor, JHPIEGO will also build on and expand its work to improve HIV/AIDS-related training by working with curriculum committees in health care and social work training institutes (UFR, INFAS, INFS), training trainers in effective teaching skills, and supporting skills labs, updated learning resources packages, and practical pre-service training in HIV/AIDS, malaria, and TB for medical, pharmacy, midwifery, and social work students.

Cross-Cutting Budget Attribution(s)

Education	60,000
Food and Nutrition: Policy, Tools, and Service Delivery	75,000
Human Resources for Health	1,015,000

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	9409		
Mechanism Name:	IQC AIDSTAR		
Prime Partner Name:	Social Sector Development Strategies, Zambia		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	150,000	

Narrative:

In the new budget code of HKID, SSDS will provide technical assistance to strengthen pre-service training as well as subgrants and technical support for local subpartners providing direct OVC care and support services.

With FY 2010 funding, SSDS and partner JHPIEGO will:

- Provide sub-grants to two to four local NGOs to provide direct services to at least 1,000 OVC by September 2010.
- Assist the National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs (MFFAS) to integrate OVC care and support in the curricula of national training institutions for nurses, social workers, and caregivers for deaf/mute and blind clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	10,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	940,000	

Narrative:

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services. At

present, the number and varying capacities of service providers limit the ability to scale up services and coverage while ensuring quality. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the USG team has provided FY 2008 and FY 2009 funds to SSDS under the AIDSTAR mechanism to focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. The primary objectives of these activities are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In addition, as a subcontractor under the AIDSTAR mechanism, JHPIEGO assists partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and to improve and increase use of the national training database.

FY 2010 funding is requested in OHSS, as well as HVCT and HVSI, to continue and extend these activities. Increased funding requested in OHSS reflects a USG decision to budget more of these capacity- and system-building costs under systems strengthening rather than in technical areas such as HTXS. SSDS will also be funded in HVAB and HVOP, as well as the new budget code of HKID, to support direct HIV prevention and OVC service delivery by subpartners.

The main initial beneficiaries of SSDS's capacity building are:
- Alliance Nationale Contre le VIH/SIDA (ANS-CI), a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees, serving as a linking organization between donors/partners and civil society organizations working at the community level.
- ACONDA-VS, an Ivoirian NGO providing HIV/AIDS treatment, care, and prevention services.
- ANADER (National Agency for Rural Development), a semistatal organization providing HIV prevention and care services in underserved rural areas.
- Seven local NGO/CBO/FBOs (current or former ANS-CI subpartners) that provide direct prevention and OVC care services. Funding for their service-delivery subgrants is budgeted in HVAB, HVOP, and HKID.

The USG team believes that ANS-CI, ACONDA, and ANADER – all three PEPFAR prime partners – and the seven local subpartners need technical assistance in organizational capacity development to achieve their objectives and create sustainable systems. With FY 2008 and 2009 funding, SSDS is responsible for providing organizational development support to ANS-CI and some of its current or former sub-grantees as well as to ACONDA and ANADER.

After significant delays, SSDS is conducting participatory needs assessments of ACONDA, ANADER, and ANS-CI and sub-grantees identified by the USG team to determine their level of understanding of USG and PEPFAR rules and regulations; organizational management practices and policies; fiscal

management practices, including systems and funds tracking; and human resources management practices. Based on the findings from these assessments, SSDS will develop an action plan tailored to the organizational development needs of the partners with milestones to monitor progress toward objectives. SSDS will, as needed, provide training in USG regulations and requirements and in managing and tracking resources. SSDS will also provide assistance to establish effective budgeting practices and ensure compliance with audit requirements, and will ensure adequate record-keeping for program reporting and improvement. SSDS will be responsible for actively managing, administering, and reporting results for all subgrants given as part of this activity.

With HVSI funding, SSDS also is working with the MOH to update and improve the training monitoring information system (TIMS) and data collection tools and guidelines for training data quality.

With FY 2010 funding, SSDS will continue these activities, which may in the future be extended to other indigenous organizations financed by PEPFAR. Major SSDS activities planned with FY 2010 funding include:
- Helping partners to conduct strategic planning workshops and develop strategic implementation plans
- Assisting the local partners in implementing their action plans, including conducting training workshops for community health workers, providing national/international standards and guidelines, and other mentoring interventions based on findings of the needs assessments
- Conducting training workshops and providing technical assistance in financial management, governance, program management, and M&E for local partners.

As a subcontractor, JHPIEGO will also build on and expand its work to improve HIV/AIDS-related training by working with curriculum committees in health care and social work training institutes (UFR, INFAS, INFS), training trainers in effective teaching skills, and supporting skills labs, updated learning resources packages, and practical pre-service training in HIV/AIDS, malaria, and TB for medical, pharmacy, midwifery, and social work students.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9414	**Mechanism Name: NPI-Geneva Global GHH-A-A-00-07-00005-00**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

Africa Christian Television	Alliance Biblique de Cote D'Ivoire	Amepouh
Cote d'Ivoire Prosperite	Femme-Action-Developpement	Groupe Biblique des Hopitaux
Groupe Biblique Universitaire de 'Afrique Francophone	Lumiere Action, Côte d'Ivoire	Mutuelle pour le Developpement de la Sante, de la Securite et de la Sante Alimentaire
Renaissance Sante Bouake	Ruban Rouge	

Overview Narrative

This TBD mechanism is intended for a follow-on award to NPI grantee Geneva Global, a U.S.-based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of Redacted as one of three Cote d'Ivoire

projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global is supporting local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV testing and counseling (TC); and to provide care and support for PLWHA and OVC.

Geneva Global's NPI project was granted a Redacted cost extension through September 2010, and based on the partner's contribution to the national program, the USG team plans to provide country funding to allow Geneva Global to continue its activities beyond the end of its NPI award.

Geneva Global provides sub-grants, training, and mentoring to local organizations working in the Abidjan area and in central and western Cote d'Ivoire. Using AED tools for institutional capacity assessment and strengthening, Geneva Global provides mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor subpartner performance and progress.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization.

All project activities will be coordinated with the Ministry for the Fight Against AIDS, the Ministry of Health, and the Ministry of Family, Women, and Social Affairs and will follow and support the National HIV/AIDS Strategic Plan. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners and other donors to avoid duplication and maximize synergies.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-partner capacity to identify areas improved since the FY 2008 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with another in collaborative and mentoring "clusters," with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources.

Geneva Global's activities contribute to the key issues of TB, as part of care and support activities; gender equity, through targeting of HIV prevention and care activities to women; and increasing women's access to income, through subpartners' income-generating activities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9414**
Mechanism Name:	**NPI-Geneva Global GHH-A-A-00-07-00005-00**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

In the HBHC budget code, Geneva Global will use FY 2010 funding to continue and improve the quality of its work in providing sub-grants, training, and mentoring to nine local organizations providing community-based care and support for people living with HIV/AIDS (PLWHA) in the greater Abidjan area and central and western Cote d'Ivoire. Activities will provide care and support testing for at least 1,500 people by September 2010.

Geneva Global will train and support sub-partners to provide or ensure provision of a full range of community- and home-based care services, including cotrimoxazole prophylaxis for adults and children in accordance with national and WHO guidelines; treatment for OIs, malaria, and STIs; basic pain management; screening for TB; psychosocial support; targeted provision of insecticide-treated nets (ITNs) and clean-water systems for those at highest risk; nutritional assessment and supplementation; HIV testing for family members; ART monitoring and support; and effective referrals to OVC services. All home-based care providers will be cross-trained to identify OVC, assess their needs, and provide or refer them to appropriate services.

Sub-partners will be supported to provide patient- and family-centered care that optimizes the quality of life of adults and children living with HIV through the active anticipation, prevention, and treatment of pain and suffering beginning with the diagnosis of HIV. Geneva Global will work with the National HIV/AIDS Care and Treatment Program (PNPEC) and other stakeholders to design a standard home-based service package and will train its sub-partners in the effective use and evaluation of the package. Training will be done in coordination with the PNPEC using nationally approved trainers and materials. Geneva Global will participate in the selection, training, and supervision of home-based caregivers.

Emphasis will be placed on improving coverage by trying to reach everyone in need of services within a given community, with a focus on simple care that can be provided at home, with referral to medical services when necessary. Trained community-based volunteers will be coached, supervised, and supported to provide services in a cost-effective way.

Geneva Global will train its implementing partners to engage PLWHA at the center of their care management. Caregivers for PLWHA at home will respect them and their right to confidentiality. The care provided will be holistic and focused on identified needs. Advice will be given on common opportunistic infections (e.g. malaria prevention) and on nutrition (e.g. using locally available foods that can improve the health of PLWHA). Support, including training, will be given to family members who provide direct care for PLWHA. Training will be ongoing and empowering and will emphasize how to provide holistic care that goes beyond simple nursing care. Programs will address the care needs of caregivers, most of whom are women.

Sub-partners will use a variety of strategies and activities to mobilize and involve communities in providing care for those infected and affected by HIV/AIDS. C/FBO activities will include training on the use of participatory learning and action (PLA) tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

In the HKID budget code, Geneva Global will use FY 2010 funding to continue and improve the quality of its work in providing sub-grants, training, and mentoring to at least seven local organizations providing care and support for OVC and their families in the greater Abidjan area and central and western Cote d'Ivoire. Activities will provide care and support testing for at least 1,500 OVC by September 2010.

Partners will be supported to conduct a situation analysis and establish a community OVC referral system involving community leaders, schools, and F/CBOs. Using nationally approved trainers and materials, and working in coordination with the National OVC Program (PNOEV), local partners will be trained to identify OVC at health service entry points (PMTCT, CT, ART, and TB sites), in institutional settings (schools, orphanages), and in the community. They will be trained to assess children's needs and conduct household follow-up using the Child Status Index. In accordance with individual needs, OVC sub-partners will provide or refer OVC to comprehensive care and support, including:

• Health care, including pediatric HIV treatment if needed, with referrals and follow-up to ensure integrated care;
• Nutritional assessment and support to malnourished children, including referral to food-aid programs if needed;
• Clothes and shelter;
• Legal support (e.g. in establishing birth certificates);
• Psychosocial and spiritual support, including counseling and interventions such as memory books;
• Economic strengthening, including vocational training. Families and caregivers of OVC will be supported with income-generating activities and training as well as care and support;
• HIV prevention education and life-skills development;
• Activities with solidarity groups facilitated by partners;
• Recreational activities for all OVC, particularly for those who are heads of households.

Local caregivers will be cross-trained to provide home-based palliative care services. Geneva Global will work to ensure that sub-partners learn about evidence-based and innovative approaches reflecting international best practices and lessons in OVC care and support. Some partners provide food support in collaboration with the World Food Program.

Geneva Global will work closely with the PNOEV to improve its strategies as well as reinforce its collaboration with strategic partners in the field to better integrate its interventions with national policies. Informal periodic meetings will be held with these structures and the OVC think tank CEROS-EV to find the best means of implementing strategies for meeting the needs of especially vulnerable children and youth, including training and preparation for work for older OVC, nutritional support for younger children,

and income generation, psychosocial support, and HIV prevention for girls and young women. In providing services, priority will be given to OVC who are HIV-infected, who are caring for elderly or chronically ill family members, who are heads of households, or who are facing severe poverty. Educational support will include teaching practical skills aimed at making OVC self-sufficient.

To ensure community ownership and sustainability of project activities, beneficiary communities will be involved in identifying and prioritizing needs, planning, decision-making, implementation, and monitoring and evaluation. Using Geneva Global's capacity-building process, staff will train implementing partners in the use of participatory learning and action (PLA) methodologies, which enable communities to articulate their perceived needs, discern resources within their communities, and prioritize potential actions and solutions.

Geneva Global will participate actively, and will require sub-partners to participate actively, in building functional coordination mechanisms for OVC activities based on the PNOEV model of collaborative "platforms" anchored by social centers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

In the HVCT budget code, Geneva Global will use FY 2010 funding to continue and improve the quality of its work in providing sub-grants, training, and mentoring to 14 local organizations providing HIV testing and counseling (TC) services and promotion of TC services in the greater Abidjan area and central and western Cote d'Ivoire. Activities will support testing for at least 18,000 people by September 2010.

Some sub-partners provide direct testing services at fixed sites or through mobile services, while others focus on community mobilization, referrals to TC centers, and links to care and treatment. A new simplified national HIV testing algorithm allowing whole-blood, finger-prick testing by non-medical personnel will be gradually implemented to facilitate TC uptake. Community gatherings, peer-education sessions, theater performances, and other events will be used to emphasize the benefits of HIV testing and to promote reduction of HIV-related stigma and discrimination. Geneva Global-supported TC activities will emphasize consent, confidentiality, and skilled counseling and will promote couples and family counseling, supported disclosure, and participation in "post-test clubs."

Counselors will be trained using nationally approved trainers and materials, in coordination with the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and will be provided with supportive supervision and access to locally appropriate approaches and manuals. Testing will follow the

national algorithm. Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC and TC-promotion materials are available for partner use and will participate in partners' selection and training of staff, peer educators, and supervisors. Test kits will be purchased through government-approved supply chains.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

In the HVAB budget code, Geneva Global will use FY 2010 funding to continue and improve the quality of its work in providing sub-grants, training, and mentoring to 15 local organizations working in the Abidjan area and central and western Cote d'Ivoire. Activities will support AB-oriented community-outreach interventions reaching at least 27,000 people by September 2010 and 40,000 more by September 2011.

Geneva Global's strategy is to support prevention education through peer educators, influential figures, local HIV/AIDS committees and clubs, and mass media campaigns that promote delay of sexual debut, partner reduction, faithfulness with knowledge of HIV-status, correct and consistent condom use for high-risk groups, and uptake of HIV counseling and testing. Messages also address gender issues (gender norms, transactional and intergenerational sex, and gender-based violence) and seek to reduce HIV-related stigma and discrimination.

Geneva Global defines prevention through a behavior-change framework that seeks to sensitize young boys and girls (ages 9-14) to delay their sexual debut; teaches older boys and girls (age 15 years and above) to delay their sexual debut or practice fidelity to a single sexual partner; and targets men, women of childbearing age, and high-risk groups (sex workers, discordant couples) with appropriate ABC prevention interventions. Geneva Global will fund prevention activities focusing on individual and community behavior change and attitude development through a variety of participatory methods, including peer education in group and one-on-one settings in classrooms, churches, community committees, and clubs, as well as through film projections followed by discussions and referrals to TC services and to religious leaders for psychosocial and spiritual support.

Geneva Global partners will use appropriate HIV prevention education methodologies that may include theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC activities. Prevention activities will cover topics including HIV/AIDS and STI awareness, life-skills development, sexuality and safer sex, relationships, peer pressure, and gender norms.

Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC materials are available for partner use and will participate in subpartner selection and training of animators, peer educators, and supervisors. Geneva Global subpartners will work to promote parental involvement and parent-child communication.

With FY 2010 funds, Geneva Global will also implement a KAP survey, conduct an evaluation of peer educators, and train 25 out-of-school girls as peer educators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

In the HVOP budget code, Geneva Global will use FY 2010 funding to continue and improve the quality of its work in providing sub-grants, training, and mentoring to 12 local organizations working in the Abidjan area and central and western Cote d'Ivoire. Activities will support AB-oriented community-outreach interventions reaching at least 13,000 people by September 2010 and 13,000 more by September 2011.

Geneva Global subpartners focus on life-skills education for behavior change and condom-distribution sites combined with prevention education. Geneva Global defines prevention through a behavior-change framework that seeks to sensitize young boys and girls (ages 9-14) to delay their sexual debut; teaches older boys and girls (age 15 years and above) to delay their sexual debut or practice fidelity to a single sexual partner; and targets men, women of childbearing age, and high-risk groups (sex workers, discordant couples) with appropriate ABC prevention interventions promoting partner reduction and condom use. Geneva Global funds prevention activities focusing on individual and community behavior change and attitude development through a variety of participatory methods, including peer education in group and one-on-one settings in classrooms, churches, community committees, and clubs, as well as through film projections and referrals to TC services and to religious leaders for psychosocial and spiritual support.

Other behavior change interventions beyond abstinence and being faithful include the targeting of behaviors that increase risk for HIV transmission, such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, and using drugs or alcohol in the context of sexual interactions.

Sub-partners' prevention activities will include peer-educator work, small groups with trained facilitators, and the training and equipping of community and religious leaders and influential figures for prevention

activities. Partners will be supported to assess community needs and available resources, including educational outlets such as church youth groups and cooperatives. Peer educators will be trained in group recruitment and facilitation. Peer educators will use appropriate age- and gender-sensitive materials and will work in after-school settings, youth groups, women's groups, workplaces, and church groups.

Geneva Global partners will use appropriate HIV prevention education methodologies that may include theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC activities. Prevention activities will cover topics including HIV/AIDS and STI awareness, life-skills development, sexuality and safer sex, relationships, and peer pressure and gender norms. With support from JHU/CCP, Geneva Global subpartners will work to promote parental involvement and parent-child communication, including the use of signed contact forms.

Prevention programs will be tailored to specific groups to obtain a higher degree of effectiveness. Geneva Global implementing partners will work to reduce the vulnerability of commercial sex workers through provision of focused information, improved access to CT services, establishment of peer-support groups, availability of key medical and STI treatment, support for accessing PMTCT, activities to reduce community stigmatization, outreach to those who use sex-worker services, and support for F/CBOs that seek to prevent entry into the trade through education and income-generation activities.

Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC materials are available for partner use, and will participate in partners' selection and training of animators, peer educators, and supervisors. All materials are developed based on nationally approved documents. The strategic partners will participate as possible in partners' selection and training of animators, peer educators, and supervisors.

With FY 2010 funds, Geneva Global will also implement a KAP survey, conduct an evaluation of peer educators, and support income generating activities for 100 out-of-school girls participating in peer groups.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9415	**Mechanism Name: CoAg FHI/ITM (HVP) #U62/CCU324473**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,692,000	
Funding Source	**Funding Amount**
GHCS (State)	1,692,000

Sub Partner Name(s)

ARC EN CIEL	Association pour la Promotion de la de la Santé de la Femme de la Mère de l'Enfant et de la Famille	Association pour le Soutien à l'Auto Promotion Sanitaire Urbaine
Cote d'Ivoire Prospérité	Espace Confiance	Groupe Biblique des Hôpitaux de Côte d'Ivoire
Initiative Développement Environnement Afrique Libre	Institut de Médecine Tropicale	Renaissance Santé Bouaké
Service d'Assistance Pharmaceutique et Médical		

Overview Narrative

Under a CDC cooperative agreement that will end in 2010, Family Health International (FHI) supports the provision, strengthening, and expansion of sexual risk reduction interventions targeting commercial and transactional sex workers (SW), their partners, and other highly vulnerable populations (HVP) through the Highly Vulnerable Populations Project (PAPO-HVP). FHI works with local subgrantees at 13 sites to provide a minimum package of services that includes HIV prevention, HIV testing and counseling (TC), peer education through behavior change communication (BCC), condom sensitization and distribution, treatment for sexually transmitted infections (STI), and care and treatment for HIV-positive individuals.

While all service-delivery components of this program will be conducted by a TBD partner to be selected through a CDC competitive FOA (see narratives for New Mechanism 003), FHI will be funded through the CDC UTAP follow-on mechanism to continue and expand technical assistance drawing on its

international and Ivoirian experience.

FHI is using FY 2009 funding to support the National OVC Program (PNOEV) and the National HIV/AIDS Care and Treatment Program (PNPEC), as well as providing assistance to the Ministry of AIDS (MLS) for implementation of an HIV in the workplace program targeting public- and private-sector workers with HIV prevention and care interventions.

With FY 2010 funding in the HVOP, HVCT, HBHC, OVC, and OHSS budget codes, FHI will continue to provide technical assistance in support of the PAPO project, the workplace program, the PNOEV, and the PNPEC. FHI will also provide technical assistance to support a minimum package of services with tailored HIV prevention messaging for men who have sex with men (MSM) and to assess service needs and effective interventions for prisoners. Technical assistance will include support for annual workplan development, development and dissemination of national documents and guidelines, and facilitation of collaboration with other ministries and partners. FHI staff will participate in meetings pertaining to strategic planning, assist in the development of national standards documents, and provide support for national trainings.

FHI will emphasize capacity building, the use of participatory processes, and a commitment to jointly defined objectives in order to ensure the full involvement and ownership of local partners and stakeholders in all phases of program development and implementation. Capacity building activities begin with a participatory capacity analysis of each subpartner and include organizational and technical strengthening and coaching, as appropriate, in HIV prevention, ARV treatment, care and support for orphans and vulnerable children, palliative care, continuum of care for people living with HIV/AIDS (PLWHA), monitoring and evaluation (M&E), HIV in the workplace, public health surveillance, program evaluation, quality assurance, and quality improvement.

FHI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, FHI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	842,123

Key Issues

Impact/End-of-Program Evaluation
Child Survival Activities
Mobile Population
Safe Motherhood
Workplace Programs

Budget Code Information

Mechanism ID:	**9415**
Mechanism Name:	**CoAg FHI/ITM (HVP) #U62/CCU324473**
Prime Partner Name:	**Family Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	

Narrative:

Building on previous technical assistance work to strengthen national palliative care documents and practices, FHI will use FY 2010 funding in HBHC to support the National HIV/AIDS Care and Treatment Program (PNPEC) and PEPFAR implementing partners to improve the delivery, quality, and coordination of care and support services in accordance with national policies and the 2006-2010 National Palliative Care Strategic Plan. FHI technical assistance will focus on:

• Supporting the PNPEC in coordinating national activities for effective care and support.
• Supporting the MOH/PNPEC and MLS to organize awareness and advocacy sessions for care and support providers in the Lacs and Fromager regions.
• Reproducing the standards documents for care and support, revised in 2009, and supporting the PNPEC to distribute them and ensure their use.
• Advocating among officials and community leaders for the improvement of HIV care and support.
• Continuing assistance to the national palliative care technical working group.
• Supporting the PNPEC in implementation of prevention with positives (PWP) activities through technical assistance to finalize the national training document.
• Supporting the MLS in the identification of a contact person for PWP activities.
• Supporting the MOH/PNPEC to set up an HIV/AIDS care and support demonstration center.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	250,000	

Narrative:

Family Health International (FHI) provides technical assistance to the National Program for Orphans and Vulnerable Children (PNOEV) of the Ministry of the Family, Women, and Social Affairs (MFFAS) to support the development, evaluation, implementation, and extension of care services for orphans and vulnerable children (OVC). FHI works to build the technical and organizational capacities of the PNOEV and supports the elaboration of policies, norms, and procedures for the care of children infected or affected by HIV/AIDS.

With FY 2009 funding, FHI is working to:
Contribute to improving the quality of OVC services by supporting the training of trainers and OVC stakeholders
- Assist in coordinating stakeholders to identify a standard definition of national OVC prevention and care
• Ensure the dissemination of national reference documents pertaining to OVC care
• Contribute to the establishment of OVC legal rights committees.
• Collaborate with REPMASCI (network of journalists and artists) and JHU/CCP to disseminate best practices and lessons learned from the implementation of the different models of care and coordination for OVC (IRIS, OVC collaboration platform, district health coordination and MLS district HIV coordination).

With FY 2010 funding, FHI will provide technical assistance for the following key activities:
• Continue strengthening the technical and managerial capacity of the PNOEV
• Support the PNOEV for the revision of national reference documents (policy, training module on the care of OVC) in accordance with standards of OVC service quality, as well as for capacity building of community workers.
• Support the PNOEV to complete situational analyses of 12 communities and disseminate the findings.
• Support the PNOEV and other MFFAS divisions in strengthening the technical operational capacities of social centers and their OVC platforms.
•

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	52,000	

Narrative:

With FY 2010 funding in the HVCT budget code, FHI will provide technical and financial assistance to build the capacity of sex worker organizations in Abidjan and San Pedro to expand high-quality peer education, community mobilization, and promotion of HIV testing and counseling in their communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	540,000	

Narrative:

Family Health International (FHI) provides technical assistance to the Ministry of AIDS (MLS) and other key stakeholders for the implementation of HIV/AIDS prevention, care, and treatment activities in the public- and private-sector workplace.

With FY 2009 funding, FHI is working to strengthen multi-sectoral coordination and collaboration and to build capacity for a strengthened HIV response in the Ivoirian workforce, in collaboration with private companies, the Cote d'Ivoire Business Coalition (CECI), and the MLS divisions in charge of the public sector (DSP) and private sector (DSPSC).

In collaboration with the MLS and other partners, FHI is providing technical assistance to government sectoral committees and private-sector umbrella organizations. This includes workplace HIV prevention and care activities in addition to technical support for the MLS in strengthening the coordination of workplace interventions, documentation and dissemination of best practices, standardization of quality assurance (policy, norms, and procedures documents), and monitoring and evaluation (M&E) tools, as well as the implementation of regular participatory program reviews and supervision.

With FY 2010 funding in OHSS, FHI will focus on the following priorities:

• Provide technical assistance for the evaluation of technical and organizational capacities of the MLS.
• Provide technical and logistical assistance to the MLS to assess the organizational and technical capacities of three departmental continuum–of-care networks.
• Provide technical and logistical assistance to the MLS for quarterly supervisions of departmental HIV/AIDS committees.
• Support the organization of an exchange meeting among departmental HIV/AIDS committees involved in deploying the continuum–of-care model IRIS.
• Provide technical assistance to the MLS to support the integration of HIV/AIDS prevention and care services in the departments deploying the continuum-of-care network IRIS.
• Support the MLS for the establishment of M&E units at the regional level.

FHI will work with the MLS to reinforce the national M&E system to better track and monitor the impact of HIV/AIDS prevention, care, and treatment activities in the workplace.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	750,000	

Narrative:
With FY 2010 funding in Other Prevention, FHI will provide technical assistance in support of the following priorities: • Strengthen the technical and organizational capacity of the National Program for the Fight against AIDS among Highly Vulnerable Populations (PLS-PHV). • Strengthen national coordination of HIV interventions targeting most at-risk populations (MARPs), especially commercial sex workers and men who have sex with men (MSM). • Development of national policy documents on MARPs (sex workers, MSM, injecting drug users) and other HVP (prison populations), as well as the minimum activity package (PMA) for MSM. • Development of a health insurance system and improving the national capacity for interventions with commercial sex workers and MSM, • Support the MLS and the Ministry of Health (MOH) to develop tools for national implementation of a monitoring system for behavioral characteristics and prevalence of STIs / HIV among sex workers. • Support the MLS and the MOH to strengthen peer education for community mobilization and BCC aimed at reducing STI/HIV risk in sex worker and MSM communities. Work with national stakeholders to pilot and evaluate a follow-up system for sex workers and MSM and extend it to PAPO-HV sites (with national extension possible in 2011-2014). • Support the MLS and the MOH to develop a standardized protocol for situational analyses in prison populations (prisoners, guards, other staff, visitors) and conduct such analyses in three prisons. • Continue baseline study and capture–recapture studies on HVP. • Continue to reinforce the operational management of NGOs and existing associations through the strengthening of administrative and financial management, budgeting, leadership, monitoring and evaluation (M&E), and mobilization of resources. FHI will collaborate with the MOH, the MLS, the Ministry of Women, Family, and Social Affairs (MFFAS), and PEPFAR implementing partners to develop comprehensive strategies for HVP based on national standards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9416	Mechanism Name:
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 14,157,257	
Funding Source	**Funding Amount**
Central GHCS (State)	6,722,257
GHCS (State)	7,435,000

Sub Partner Name(s)

Association Centre Integre de Recherche Bioclinique d'Abidjan	Association de Cooperation Internationale pour le Developpement	Association de Soutien a l'Autopromotion Sanitaire Urbaine
Association Ivoirienne pour le Bien-Etre Familial	Association pour la Promotion de la Santé Maternelle	Caisse Nationale de Prevoyance Sociale
Centre de Santé El Rapha	Centre de Sante Sainte Therese de l'Enfant Jesus	Centre de Sante Soeur de la Charite Kotobi
Centre de Sante Urbain Communautaire de Gonzagville	Centre de Sante Urbain Communautaire de Williamsville	Centre de Sante Urbain de Angre
Centre de Sante Urbain de Anono	Centre de Sante Urbain de Komborodougou	Centre de Sante Urbain Notre Dame des Apotres de Dimbokro
Centre de Sante Wale	Centre PIM Abengourou	Centre Saint Camille de Bouake
Centre Solidarite Action Sociale	Cote d'Ivoire Prosperite	Direction Departementale de la Sante d'Abengourou
Direction Departementale de la Sante d'Adzope	Direction Departementale de la Sante d'Agboville	Direction Departementale de la Sante d'Agnibilekrou
Direction Departementale de la Sante de Daoukro	Direction Departementale de la Sante de Ferkessedougou	Direction Departementale de la Sante de Port-Bouet
Direction Departementale de la Sante de San-Pedro	Direction Departementale de la Sante de Tabou	Direction Departementale de la Sante de Tiassale
Direction Departementale de la Sante du Plateau	Direction Departementale de Sante de Bongouanou	Dispensaire Rural Baptiste de Torgokaha
Dispensaire Sainte Anne de	Elan d'Amour	Espace Confiance

Bocanda		
Femmes Actives	Fondation Djigui	Formation Sanitaire Urbaine Communautaire de Sagbe
Fraternite	Groupe Biblique des Hopitaux	Health Alliance International
Helen Keller International	Hope Worldwide	Hopital Baptiste de Ferkessedougou
Hopital General d'Ayame	InSTITUT National de Formation de Sciences Sociales	John Snow, Inc.
Ko'Khoua	Manasse	M'Bade Victoire
National Agency of Rural Development	Pierre Angulaire	Program for Appropriate Technology in Health
Renaissance Sante Bouake	Reseau des personnes vivant avec le VIH	Rose Blanche
Ruban Rouge	Sidalert, Côte d'Ivoire	Societe des Caoutchoucs de Grand Bereby
Soeurs de la Providence	Solidarite Plus Abidjan	Tous pour le Taukpe
Unite de Formation et de Recherche des SCiences Medicales d'Abidjan Cocody	University of California at San Francisco	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	200,000
Food and Nutrition: Policy, Tools, and Service Delivery	430,284
Human Resources for Health	1,665,430

Key Issues

Increasing women's access to income and productive resources

Malaria (PMI)

Child Survival Activities
TB

Budget Code Information

Mechanism ID:	9416		
Mechanism Name:			
Prime Partner Name:	Elizabeth Glaser Pediatric AIDS Foundation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	750,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	400,000	
Narrative:			
EGPAF, the largest of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its FY 2009 care and support activities for OVC. PEPFAR CI care and treatment partners provide support to OVC in two ways: 1) by identifying OVC at partner-supported sites, providing medical care, and referring them to community-based care and support, and 2) by providing subgrants to community-based organizations providing OVC services in the geographic zones around partner-supported facilities. All care and treatment partners are receiving increases in funding in FY 2010 (substantial in percentage terms, though modest in absolute terms), in large part to provide subpartner funding to local NGOs providing the direct OVC services. EGPAF's activities will provide care and support to at least 7,500 OVC by September 2010.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	8,322,257	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	850,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	135,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	900,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	350,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,600,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	700,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9418	**Mechanism Name: International Center for AIDS, Care and Treatment Program (ICAP)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,850,000	
Funding Source	**Funding Amount**
GHCS (State)	4,850,000

Sub Partner Name(s)

Association Ivoirienne pour le Bien-Etre Familial	Centre de Sante Catholique Notre Dame de la Consolata Marandalah	Centre Medico-Social de Gbagbam
Centre Medico-Social Sucrivoire Zuenoula	Dispensaire Urbain Christ Roi de Sinfra	Femmes Actives
Service d'Assistance Pharmaceutique et Medicale		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	160,000

Human Resources for Health	2,420,000

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9418**
Mechanism Name:	**International Center for AIDS, Care and Treatment Program (ICAP)**
Prime Partner Name:	**Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	350,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

Columbia University, one of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its FY 2009 care and support activities for OVC. PEPFAR CI care and treatment partners provide support to OVC in two ways: 1) by identifying OVC at partner-supported sites, providing medical care, and referring them to community-based care and support, and 2) by providing subgrants to community-based organizations providing OVC services in the geographic zones around partner-supported facilities. All care and treatment partners are receiving increases in funding in FY 2010 (substantial in percentage terms, though modest in absolute terms), in large part to provide subpartner funding to local NGOs providing the direct OVC services. Columbia's activities will support care for at least 3,500 OVC by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,000,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	60,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	300,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	690,000	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9419	**Mechanism Name: CDC Lab Coalition**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CDC International Lab Coalition	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHCS (State)	1,200,000

Sub Partner Name(s)

American Public Health Laboratories	American Society for Microbiology	American Society of Clinical Pathology
Clinical and Laboratory Standards Institute		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	150,000
Human Resources for Health	685,000

Key Issues

TB

Budget Code Information

Mechanism ID:	**9419**
Mechanism Name:	**CDC Lab Coalition**
Prime Partner Name:	**CDC International Lab Coalition**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	950,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9423	**Mechanism Name: CoAg PS000633-01 Alliance National CI Expansion of Community-Led**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Alliance Nationale Contre le SIDA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,600,000	
Funding Source	**Funding Amount**
GHCS (State)	1,600,000

Sub Partner Name(s)

Action Evangelique de la Lutte Contre le SIDA	Association Feminine pour le Bien-Etre de l'Enfant a Cote D'Ivoire	Centre de Depistage Volontaire de Dabou
Centre d'Ecoute et Depistage Volontaire Port Bouet	Cercle d'Amitie et Progres	Conseil General Agboville
Conseil General Boundiali	Conseil General Daloa	Conseil General de Bongouanou
Cote d'Ivoire Prosperite	Croix Bleue	Groupe Biblique des Hopitaux
Lumiere Action Abobo	Mairie d'Agnibilekro	Mairie d'Anyama
Mairie de Grand-Lahou	Mairie de Sinfra	Mairie Mafere
M'PETE	Notre Grenier	Organisation pour l'assistance en Milieu Urbain et Rural
Rose Blanche	Ruban Rouge	Vivre, Informer et Fraterniser
Wawadou		

Overview Narrative

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that provides sub-grants and organizational and technical assistance to local community- and faith-based organizations (CBO/FBOs) providing direct HIV/AIDS prevention and care services in communities throughout Cote d'Ivoire. ANS-CI was established in 2005 with the support of the International HIV/AIDS ANS-CI and PEPFAR in order to build the capacity of civil-society organizations to achieve their HIV- and other health-related objectives working at the community level.

In using PEPFAR funding to strengthen the local response to HIV/AIDS, ANS-CI's approach (called ICOP, for Initiative Communautaire Participative) is to support HIV testing and counseling facilities as a

hub for community-based prevention and care activities and linkages to PMTCT, TB, and other services. PEPFAR funding is provided in the HVAB, HVOP, HVCT, HBHC, and HKID budget codes.

As the PEPFAR Cote d'Ivoire team's primary mechanism for building local capacity, ANS-CI grew rapidly from its inception to reach a funding level of $4.6 million in FY 2007. ANS-CI's significant internal organizational and management problems caused the USG team to decrease the partner's funding drastically in FY 2008. As partner performance has gradually improved since then, funding has followed suit. Proposed FY 2010 funding represents a continuation of this trend toward regaining expected activity levels, rather than a major shift in the partner's scope of work or in USG strategy.

FY 2010 funding will continue and slightly expand ANS-CI's FY 2008-09 activities in support of local subpartners providing HIV testing and counseling, AB and OP prevention outreach, and care and support services for people living with and affected by HIV/AIDS, including OVC. These activities are described in COP 2009 narratives and updated in COP 2010 budget code narratives.

As a cornerstone of PEPFAR CI's efforts to build local sustainability and country ownership (reinforced by capacity-building work by SSDS, Geneva Global, and others), ANS-CI will be expected to demonstrate quantifiable improvement in subpartners' organizational, financial-management, and technical capacities. ANS-CI will participate in relevant national technical, coordination, and quality-assurance committees and progressively reinforce the capacity of faith- and community-based organizations and community and district structures to promote quality, local ownership, accountability, and sustainability of activities.

ANS-CI will work to link project interventions with existing HIV care and treatment and other social services, including services supported by other PEPFAR-funded initiatives and by other donors (Global Fund, World Bank), and will promote coordination at all levels, including through bodies such as district, regional, and national HIV coordination committees and networks of PLWHA and faith-based organizations.

Monitoring and evaluation (M&E) of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Using participatory approaches, ANS-CI will continue to implement a project-specific strategic information/M&E plan consistent with national policies and OGAC guidance that draws on available data and national tools and uses quantitative and qualitative methods. This plan will require the collection, analysis, and dissemination of data to ensure adequate baseline data and regular data reports to support targeted service delivery, program M&E, and appropriate information systems. This information will also serve to measure the coverage and to analyze the effectiveness of project interventions.

ANS-CI will gather data on a monthly basis from its sub-partners and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ANS-CI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

ANS-CI's activities contribute to the key issues of child survival, through health, nutritional, and other support for OVC; of TB, through sensitization and referral of TB patients for HIV testing and of HIV patients for TB screening, as well as home-based care for HIV/TB co-infected clients; of malaria prevention, through distribution of impregnated bed nets; of addressing male norms and behaviors, as part of behavior change communication for HIV prevention by peer educators; of increasing women's access to income and productive resources, by training 30 women from three local NGOs in creating and managing income generating activities; of end-of-program evaluation, through planned risk assessments and an end-of-project evaluation; and of mobile populations, through prevention outreach to truckers and sex workers by peer educators.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	28,000
Economic Strengthening	10,000
Education	214,800
Food and Nutrition: Policy, Tools, and Service Delivery	58,000
Human Resources for Health	218,400
Water	40,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
TB

Budget Code Information

Mechanism ID:	**9423**
Mechanism Name:	**CoAg PS000633-01 Alliance National CI Expansion of Community-Led**
Prime Partner Name:	**Alliance Nationale Contre le SIDA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	

Narrative:

With FY 2010 funding, ANS-CI will continue and expand its FY 2009 activities. In the HBHC budget code, ANS-CI will provide subgrants and technical assistance to 11 local subpartners, who will provide care and support services for at least 13,000 people living with HIV/AIDS by September 2010. At least 110 people will be trained to provide HIV/AIDS care and support by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

With FY 2010 funding, ANS-CI will continue and expand its FY 2009 activities. In the HKID budget code, ANS-CI will provide subgrants and technical assistance to 11 local subpartners, who will provide care and support services for at least 7,000 OVC, with training for at least 117 people, during FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	600,000	

Narrative:

With FY 2010 funding, ANS-CI will continue and expand its FY 2009 activities. In the HVCT budget code, ANS-CI will provide subgrants and technical assistance to 19 local subpartners, who will provide HIV testing and counseling (TC) services to at least 67,000 people, with TC training for at least 230 people, by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	

Narrative:

With FY 2010 funding, ANS-CI will continue and expand its FY 2009 activities. In the HVAB budget code, ANS-CI will provide subgrants and technical assistance to six local subpartners, who will conduct

community-based individual and small-group activities reaching at least 40,000 people with AB prevention messages during FY 2010, with training in AB prevention outreach for at least 140 people.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	

Narrative:

With FY 2010 funding, ANS-CI will continue and expand its FY 2009 activities. In the HVOP budget code, ANS-CI will provide subgrants and technical assistance to four local subpartners, who will conduct community-based individual and small-group activities reaching at least 15,000 people with OP prevention messages during FY 2010, with training in OP prevention outreach for at least 80 people.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9424	Mechanism Name: ACONDA CoAg
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: ACONDA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,685,000

Funding Source	Funding Amount
GHCS (State)	5,685,000

Sub Partner Name(s)

Afrique Espoir	Amepouh	Association pour la Promotion de la Santé Maternelle
Centre de Prise en Charge, de Recherche et de Formation	Centre d'Eveil et d'Encadrement pour le Developpement a la Base	Centre Nazareen
Cercle d'Amitie et Progres	Chigata	Cote d'Ivoire Prosperite

Espoir FANCI	Famille en Action en Cote d'Ivoire	Femmes Egale Vie
Group d'auto assistance de Personnes vivant avec le VIH/SIDA et Promotion Sociale	Hopital Protestant de Dabou	Initiative Developpement Afrique Libre
Manne du Jour	Mouvement Estudiant pour la Sensibilisation	Organisation pour l'assistance en Milieu Urbain et Rural
Pierre Angulaire	SELETCHI	Service d'Eradication de la Mobilisation et d'Hygiene en Cote D'Ivoire
Sidalert, Côte d'Ivoire	Soeur de la Providence, Formation Sanitaire Urbaine Communautaire Anonkoua Koute	Soeurs de la Sainte Famille, Dispensaire Pietro Bonilli
Solidarite Plus Abidjan	Vivre, Informer et Fraterniser	

Overview Narrative

With FY 2010 funding, ACONDA will continue and expand its HIV care, treatment, and prevention activities. Narrative updates are provided in budget codes in which funding increases of more than 20% are requested.

ACONDA's activities contribute to the following key issues:

• Child survival: through integration of pediatric care activities in all health centers, training of health care providers in pediatric care, ARV prophylaxis for infants in PMTCT, and treatment, care, and support for HIV-infected and –affected children.

• Family planning: through integration of HIV testing and counseling in family-planning services.

• Malaria: through distribution of bed nets, in collaboration with the national TB program.

• Safe motherhood: through community mobilization for use of health services by pregnant women, ART for mothers, promotion of female condoms, involvement of male partners in PMTCT

• TB: through integration of HIV activities in TB centers and care for TB/HIV co-infection.

• Increasing gender equity: through improved access to PMTCT services, systematic HIV testing of partners, prevention and testing campaigns targeting women.

• Addressing male norms and behaviors: through promotion of couples testing and involvement of male partners in PMTCT

• Increasing women's access to income and productive resources: through income generating activities targeting women

• Military populations: through HIV care and treatment activities with the military health services and integration of activities in nine military health centers

• Workplace programs: through HIV prevention activities with sectoral HIV committees targeting the various ministries and private-sector unions

Cross-Cutting Budget Attribution(s)

Construction/Renovation	139,440
Economic Strengthening	54,600
Education	29,050
Food and Nutrition: Commodities	29,050
Food and Nutrition: Policy, Tools, and Service Delivery	29,050
Gender: Reducing Violence and Coercion	27,300
Human Resources for Health	267,260

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9424**
Mechanism Name:	**ACONDA CoAg**
Prime Partner Name:	**ACONDA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	450,000	

Narrative:

ACONDA, the second-largest of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its FY 2009 care and support activities for adults living with HIV/AIDS and their families, with only moderate expansion. The 50% funding increase reflects the modest funding amounts in this budget code ($300,000 in FY 2009) and an attempt by the USG team to align funding allocations within budget codes more closely in proportion to achieved results. ACONDA will provide care and support for at least 32,670 adults with HIV by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	300,000	

Narrative:

ACONDA, the second-largest of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its FY 2009 care and support activities for OVC. PEPFAR CI care and treatment partners provide support to OVC in two ways: 1) by identifying OVC at partner-supported sites, providing medical care, and referring them to community-based care and support, and 2) by providing subgrants to community-based organizations providing OVC services in the geographic zones around partner-supported facilities. All care and treatment partners are receiving increases in funding in FY 2010 (substantial in percentage terms, though modest in absolute terms), in large part to provide subpartner funding to local NGOs providing the direct OVC services. ACONDA's target is increasing from 3,000 OVC by September 2009 to 5,000 OVC by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	475,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	

Narrative:
ACONDA, the second-largest of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its FY 2009 care and support activities for children living with HIV/AIDS, with only moderate expansion. The 50% funding increase consists of $200,000 for upgrades to the pediatric ward at the ACONDA-supported hospital in Yopougon. ACONDA will provide care and support to at least 3,630 HIV-positive children by September 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	600,000	

Narrative:
None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	

Narrative:
None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	910,000	

Narrative:
None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	300,000	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9425	Mechanism Name: FANTA-2 GHN-A-00-08-00001-00
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 460,000	
Funding Source	**Funding Amount**
GHCS (State)	460,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Academy for Educational Development's FANTA-2 project has been a technical assistance partner for PEPFAR Cote d'Ivoire since FY 2007, working in support of the Ministry of Health's National Nutrition Program (PNN), National HIV/AIDS Care and Treatment Program (PNPEC), and other stakeholders to strengthen nutrition and food activities benefiting people living with or affected by HIV/AIDS.

With FY 2009 funding, FANTA-2 placed a full-time Nutrition and HIV Program Manager in Côte d'Ivoire and is working to provide training on the use and implementation of the National Guidelines for the Nutritional Care and Support for PLHIV (developed and produced with FY 2008 funding), print nutrition counseling materials for PLHIV (developed under COP 2008), provide training on and technical support for the use of the nutrition counseling materials for PLHIV, adapt a French-language Nutrition and HIV Training Manual to the context of Côte d'Ivoire, and provide ongoing technical assistance to national stakeholders and PEPFAR Côte d'Ivoire on the implementation of a Food by Prescription strategy developed with FY 2008 funding. (In Côte d'Ivoire, Food by Prescription has been named "Prise en Charge Nutritionnelle Ambulatoire des PVVIH" (PECNAP) or "Ambulatory Nutritional Care of PLHIV.")

With FY 2010 funding, FANTA-2 will continue to provide technical assistance to the national programs and PEPFAR implementing partners on the integration of nutrition, food and HIV programming under PEPFAR in Côte d'Ivoire. FANTA-2 will:

• Continue to support the full-time FANTA-2 Nutrition and HIV Program Manager in Côte d'Ivoire

• Conduct five regional-level workshops for the planning and launch of a pilot phase of PECNAP.

• Support the PNN and PNPEC to coordinate, train, and accompany health care service providers at PECNAP pilot sites by:

o Conducting a training of trainers (TOT) on nutritional care and support of PLHIV, including the management of specialized food products (both ready-to-use therapeutic food [RUTF] and fortified blended flour) in the context of PECNAP.
o Providing mentoring and coaching to MOH trainers in the delivery of on-site training on nutritional care and support in the context of PECNAP
o Providing coaching to service providers at pilot sites to support the start-up of nutritional care and support services in the context of PECNAP.

• Conduct a training of trainers (TOT) on the use of the nutrition counseling materials for implementing partners that support community-based provision of care and support for PLHIV

• Expand technical assistance to PEPFAR implementing partners for the implementation of PECNAP to other sites.

• Provide technical support to the PNN in collaboration with PNPEC to:

o Conduct a program review to identify lessons learned to inform the scale-up of PECNAP

o Develop a model approach to establish, reinforce, and maintain linkages between PECNAP sites and community-based income generation and food security activities

o Conduct a feasibility study of RUTF production in Côte d'Ivoire

FANTA-2's activities will further the sustainability of nutritional care and support for PLHIV and OVC by enhancing the capacity of MOH to train service providers in PECNAP and to provide coaching to assure the quality of implementation, helping MOH to learn from program experience to assure quality implementation of the scale-up of PECNAP, helping MOH to develop a model to establish and maintain linkages between PECNAP sites and community-based income generation and food security activities, and providing actionable recommendations regarding the feasibility of RUTF production in Côte d'Ivoire. FANTA-2 will work with the University Research Co. to explore opportunities for incorporating quality assurance / quality improvement activities into nutrition services for PLHIV.

FANTA-2's activities will increase gender equity in HIV/AIDS activities and services by incorporating gender analysis in the area of nutritional care and support of PLHIV in all of its technical assistance

activities. PECNAP activities will also contribute to the key issues of child survival and TB, through nutritional support for children and improved clinical outcomes and adherence of HIV/TB co-infected patients/

FANTA-2 will propose to use FY 2011 funding to assist the PNN in conducting an impact evaluation to help refine the package of PECNAP services to optimally and sustainably accomplish PECNAP's objectives.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	460,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	**9425**
Mechanism Name:	**FANTA-2 GHN-A-00-08-00001-00**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	460,000	

Narrative:

With FY 2010 funding, FANTA-2 will contribute to adult care and support by providing technical assistance to the Ministry of Health and PEPFAR implementing partners to introduce Food by Prescription (called "Prise en Charge Nutritionnelle Ambulatoire des PVVIH" (PECNAP) or "Ambulatory Nutritional Care of PLHIV") in Cote d'Ivoire.

PECNAP will be provided in pilot sites to adults and children enrolled in ART services, pregnant and

lactating mothers enrolled in PMTCT services and their children under the age of 24 months, and OVC. The PECNAP package of services will include nutrition assessment, nutrition education and counseling, hygiene promotion, linkages to community-based income generation and food security activities, and, if adequate wraparound support can be leveraged, provision of therapeutic and supplementary foods to clients who are clinically malnourished based on anthropometric assessment.
FANTA-2 will:

• Conduct five regional-level workshops for the planning and launch of a pilot phase of PECNAP.
• Support the PNN and PNPEC to coordinate, train, and accompany health care service providers at PECNAP pilot sites by:
o Conducting a training of trainers (TOT) on nutritional care and support of PLHIV, including the management of specialized food products (both ready-to-use therapeutic food [RUTF] and fortified blended flour) in the context of PECNAP.
o Providing mentoring and coaching to MOH trainers in the delivery of on-site training on nutritional care and support in the context of PECNAP
o Providing coaching to service providers at pilot sites to support the start-up of nutritional care and support services in the context of PECNAP.
• Conduct a training of trainers (TOT) on the use of the nutrition counseling materials for implementing partners that support community-based provision of care and support for PLHIV
• Expand technical assistance to PEPFAR implementing partners for the implementation of PECNAP to other sites.
• Provide technical support to the PNN in collaboration with PNPEC to:
o Conduct a program review to identify lessons learned to inform the scale-up of PECNAP
o Develop a model approach to establish, reinforce, and maintain linkages between PECNAP sites and community-based income generation and food security activities
o Conduct a feasibility study of RUTF production in Côte d'Ivoire

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9426	**Mechanism Name: ABT Associates 20: 20 GHS-A-00-06-00010-00**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,500,000	
Funding Source	**Funding Amount**
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	900,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9426**		
Mechanism Name:	**ABT Associates 20: 20 GHS-A-00-06-00010-00**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9431	**Mechanism Name: EngenderHealth GH-08-2008 RESPOND**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 750,000	
Funding Source	**Funding Amount**
GHCS (State)	750,000

Sub Partner Name(s)

Association Ivoirienne pour le Bien-Etre Familial		

Overview Narrative

Ivoirian women are twice as likely to contract HIV as men; the risk disparity is eight-fold among young women. In the face of this feminized epidemic, health services remain vastly underused as a channel for reaching those most at-risk, as well as their partners and families, with high-quality, gender-sensitive HIV/AIDS prevention and care services.

The PEPFAR Cote d'Ivoire team is funding EngenderHealth to draw on its extensive international experience and expertise to help pilot and evaluate approaches to improve the uptake, quality, and inclusive reach of HIV/AIDS and other health services for girls and women, with a view to identifying cost-effective best practices that can be scaled up nationwide.

Funding is requested in the PMTCT, HVAB, HVOP, and OHSS budget codes to build on EngenderHealth's FY 2009 technical and financial assistance to the family-planning association AIBEF and the local PLWHA association Femmes Actives de Cote d'Ivoire to implement integrated sexual and reproductive health-HIV (SRH-HIV) activities at health facilities and to implement, evaluate, and scale up Men as Partners (MAP), a program designed to address attitudes and behaviors that adversely affect the

health of men and women and to link gender equity, male involvement, and improved health for men and women.

With FY 2010 funding, EngenderHealth will continue to work with AIBEF and Femmes Actives, in collaboration with relevant ministries and other implementing partners, in and around seven AIBEF clinics in San Pedro, Daloa, Treichville, and Yopougon to:
• Implement peer-to-peer education at PMTCT sites that includes partner referral for HIV testing through PMTCT services
• Pilot and evaluate an effective referral mechanism for seropositive women delivering at health centers
• Build capacity at supported health clinics for the provision of youth-friendly services, with a focus on young women and girls
• Train health clinic staff in stigma reduction
• Conduct a situational analysis at PMTCT sites to better understand, and develop approaches to overcome, male reluctance to seek services
• Train health center staff and community stakeholders in MAP approaches to gender-transformative HIV prevention.
• Provide technical assistance to community organizations and PEPFAR implementing partners to incorporate intimate partner communication and negotiation skills for young men in their HIV prevention activities.
• Organize MAP events in the communities around four supported health clinics, designed to change community members' attitudes and knowledge related to gender norms and HIV prevention.
• Train health center staff data quality assurance and data use for decision making

While EngenderHealth's work will focus on technical assistance to identify promising approaches, its activities will also, between October 2009 and September 2011, reach 2,100 girls and young women with HIV prevention behavior change communication, provide psychosocial support for 156 women, reach 100 men with small-group/individual outreach that explicitly addresses norms on masculinity and gender equity, provide HIV testing for at least 400 male partners, train 64 people in Other Prevention approaches, and train 31 health staff in data quality assurance and data for decision making approaches.

EngenderHealth will strive to ensure that local ownership and sustainability are built into the approaches it develops, using processes such as:
? Informational meetings to brief community and national/regional/district Ministry of Health officials about the project's objectives and activities and to disseminate project results.
? Participation by representatives from local PLWHA networks, community organizations, and program managers, doctors, nurses, and social workers from health facilities in all planning and training activities.
? Planning meetings with district health officials and CBO/NGO program managers to coordinate project

activities, select health personnel to be trained, and ensure inclusion of project interventions in health district plans.

Activities will contribute to the key issues of family planning and safe motherhood, by supporting integration of HIV and family planning activities to ensure that PMTCT services are available; addressing male norms and behaviors, through MAP; end-of-program evaluation, through evaluation of pilot programs and other activities; and military populations, as MAP is conducted with the uniformed services in collaboration with PSI (and a follow-on awardee).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Military Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**9431**		
Mechanism Name:	**EngenderHealth GH-08-2008 RESPOND**		
Prime Partner Name:	**Engender Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	

Narrative:

The PEPFAR Cote d'Ivoire team is funding EngenderHealth to draw on its extensive international experience and expertise to help pilot and evaluate approaches to improve the uptake, quality, and inclusive reach of HIV/AIDS and other health services for girls and women, with a view to identifying cost-effective best practices that can be scaled up nationwide.
Funding for prevention of sexual transmission (HVOP and HVAB) is intended to build on and extend EngenderHealth's FY 2009 technical and financial assistance to the family-planning association AIBEF and the local PLWHA association Femmes Actives de Cote d'Ivoire to implement, evaluate, and scale up Men as Partners (MAP), a program designed to address attitudes and behaviors that adversely affect the health of men and women and to link gender equity, male involvement, and improved health for men and women.

MAP recognizes the importance of partnership between women and men, as well as the crucial need to reach out to men with services and education that enable them to share in the responsibility for health. To address this, EngenderHealth established its MAP program in 1996. Through its groundbreaking work, this program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' health choices, increase men's access to comprehensive health services, and mobilize men to take an active stand for gender equity and against gender-based violence. EngenderHealth has developed MAP programs in 15 countries in Africa, Asia, Latin America, and the United States.
The MAP approach consists of workshops in which men and mixed groups explore gender roles and are trained as peer educators to promote gender equality in their community. The program challenges contemporary gender roles that equate manliness with a range of risky behaviors, such as violence, alcohol use, multiple sex partners, and domination over women. MAP addresses both the HIV epidemic and violence against women within a comprehensive framework for recognizing and dealing with the complexities of how gender roles affect men's and women's lives. The intervention combines a community-based participatory group approach with interactive educational activities. Preliminary evaluations of the program in South Africa indicate that the program is a promising intervention for HIV prevention.

In FY 2008, the USG CI program funded EngenderHealth, Care International, and Hope Worldwide to adapt the MAP program for the Ivoirian context, in collaboration with relevant ministries, HIV and health-sector partners, and other donors.

With FY 2009 funding, EngenderHealth is working with JHU/CCP and the Ministry of AIDS (MLS) to ensure that adapted MAP materials are validated and included in national communications strategies. EngenderHealth is also supporting scale-up of the MAP program by building the capacity of new MAP partners, including the Ministry of Education and Ministry of Defense, to implement the MAP program. MAP workshops are mobilizing participants to promote behavioral change among their peers and within the communities where they live. These efforts are supported by large-scale community events and campaigns.

EngenderHealth is working with local organizations and stakeholders to distribute MAP BCC materials and to promote and distribute condoms at MAP community events. EngenderHealth is also providing technical support to partners for evaluating MAP activities using a modified version of the Gender Equity Male (GEM) Scale.

With FY 2010, EngenderHealth will continue and expand on these activities, including:
Helping to organize community MAP events around four supported health clinics designed to change community member's attitudes and knowledge related to gender norms and HIV prevention
Building capacity at seven AIBEF clinics for the provision of youth-friendly services, with a focus on young women and girls. Training in Other Prevention approaches will be provided for at least 32 individuals per year through September 2011.
Providing technical assistance to community organizations and PEPFAR implementing partners to incorporate intimate partner communication and negotiation skills for young men in their HIV prevention activities.

Between October 2009 and September 2011, sexual-prevention activities will reach 2,100 girls and young women with HIV prevention behavior change communication, reach 100 men with small-group/individual outreach that explicitly addresses norms on masculinity and gender equity, and train 64 people in Other Prevention approaches.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	

Narrative:

The PEPFAR Cote d'Ivoire team is funding EngenderHealth to draw on its extensive international

experience and expertise to help pilot and evaluate approaches to improve the uptake, quality, and inclusive reach of HIV/AIDS and other health services for girls and women, with a view to identifying cost-effective best practices that can be scaled up nationwide.

Funding in the PMTCT budget code is intended to build on and enlarge EngenderHealth's FY 2009 technical and financial assistance to the family-planning association AIBEF and the local PLWHA association Femmes Actives de Cote d'Ivoire to design, implement, and evaluate integrated sexual and reproductive health-HIV (SRH-HIV) activities at 10 health facilities in the East Central region, including capacity building for positive prevention, prevention of unintended pregnancies, stigma reduction, and service-demand generation.

With FY 2010 funding, EngenderHealth will continue to work with AIBEF and Femmes Actives, in collaboration with relevant ministries and other implementing partners, in and around AIBEF clinics in San Pedro, Daloa, Treichville, and Yopougon to:
• Implement peer-to-peer education at four PMTCT sites that includes partner referral for HIV testing through PMTCT services. Activities will include HIV testing for at least 200 male partners per year through September 2011.
• Pilot and evaluate an effective referral mechanism for seropositive women delivering at health centers
• Train health clinic staff in stigma reduction to ensure that they are aware of stigmatizing beliefs and behaviors and are able to create a welcoming environment for women seeking PMTCT services
• Conduct a situational analysis at two PMTCT sites to better understand, and develop approaches to overcome, male reluctance to seek services

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10141	**Mechanism Name: Institut Pasteur**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD mechanism is intended to support a requested non-competitive CDC cooperative agreement (under review) with the Institut Pasteur Cote d'Ivoire (IPCI), which serves as the national reference laboratory for microbiology and the core of the TB national laboratory network in Cote d'Ivoire. IPCI delivers quality laboratory services related to HIV/AIDS opportunistic infections, including tuberculosis, and STIs and implements central-level surveillance, monitoring, and evaluation of laboratory activities.

This new partnership is designed to strengthen capacity and improve the quality of TB diagnostic laboratory services at IPCI, at six regional laboratories and six STI clinics, and within the lab network at both central and peripheral sites in support of Cote d'Ivoire's scale-up plan for HIV/AIDS-related services. The partnership will encompass three major activities: human resource and infrastructure development, development and implementation of a laboratory quality assurance system, and coordination, monitoring, and evaluation of centralized and decentralized laboratory activities. IPCI will strengthen its capacity to participate as a reference laboratory in national and international public health evaluations and will build capacity to provide quality laboratory diagnosis and surveillance of opportunistic infections related to HIV. Activities aimed at strengthening laboratory infrastructure will serve to improve HIV/AIDS opportunistic infection surveillance, improve the quality of laboratory data, and strengthen human resource capacities.

With a sub-grant from EGAPF, IPCI has performed initial assessments of the six regional laboratories and six clinical STI labs, procured equipment and lab reagents, provided minor renovations for six laboratory sites, and supported hiring and in-service training of lab technicians. This was done in coordination with EGPAF and key national stakholders, including the National TB Program (PNLT), National HIVAIDS Care and Treatment Program (PNPEC), the MOH department charged with developing and maintaining health infrastructure and equipment (DIEM), CDC/Retro-CI, and the Global Fund. IPCI financial procedures were strengthened by recruiting additional personnel and developing procedures for implementing the sub-grant.

FY 2010 funding in HVTB will allow IPCI to continue and build on these activities, as well as to sustain lab activities in support of the HIV/AIDS, malaria and TB programs. FY 2010 priorities include:

Capacity building at IPCI: The partner's financial, technical, and administrative management capacities will continue to be strengthened, including salary support for biologists, biotechnologists, and finance officers. IPCI's infrastructure will be upgraded with a focus on renovation and equipment of the media and reagents preparation units, to ensure the provision of quality products to the TB, STI, and OI laboratory network and reduce the risk of injury.

Quality management: The strategy is to strengthen the national external quality assurance program in TB and STI smear microscopy and rapid test diagnosis. IPCI will continue to assure national quality control for TB and STI diagnosis and support logistics for the quality-assurance program for TB and STI laboratory techniques. IPCI will provide at least two QA/QC site visits to each of the six regional lab and six STI clinics, as well as to 11 TB treatment centers.

Training and retention: The strategy is to strengthen IPCI's capacities to support the program by increasing the pool of trained biologists and biotechnologists with in-service training of six lab personnel at IPCI and support to INFAS to develop and/or strengthen pre-service training curricula for TB and STI microscopy and rapid tests. In-service training will be offered to 30 biotechnologists at peripheral labs. The regional laboratories of targeted regions will serve as centers of excellence for the country.

Equipment and maintenance: IPCI will work closely with the DIEM and SCMS to address maintenance issues at the six regional laboratories and in the network of TB laboratories.

Supply chain management systems: IPCI will work closely with the National Public Health Pharmacy (PSP) and SCMS to ensure that all TB and STI diagnosis laboratories are part of the national quantification and are included in the laboratory logistics management system that will be implemented in 2010.

Sample referral system: With technical assistance from the Becton-Dickinson public-private partnership and the PNLT, IPCI will develop a national sample referral system for all TB and STI specimens that will serve as the starting point for developing an integrated referral system for all types of laboratory biological specimens nationwide.

Monitoring and evaluation: In collaboration with the MOH's M&E unit (DIPE), the National Institute of Public Health (INHP), and the PNLT, IPCI will develop an M&E plan and provide technical assistance to sites implementing TB, OI, and STI diagnosis. This will include coaching and integrated supervision (on-site and at IPCI). Surveillance will be implemented for TB, OIs (S. pneumoniae and Salmonella), and STIs (N. gonorrhoeae).

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Human Resources for Health	Redacted

Key Issues

TB

Budget Code Information

Mechanism ID:	**10141**		
Mechanism Name:	**Institut Pasteur**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted

Narrative:

This TBD mechanism is intended to support a requested non-competitive CDC cooperative agreement (under review) with the Institut Pasteur Cote d'Ivoire (IPCI), which serves as the national reference laboratory for microbiology and the core of the TB national laboratory network in Cote d'Ivoire. IPCI delivers quality laboratory services related to HIV/AIDS opportunistic infections, including tuberculosis, and STIs and implements central-level surveillance, monitoring, and evaluation of laboratory activities.

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Capacity building at IPCI: The partner's financial, technical, and administrative management capacities will continue to be strengthened, including salary support for biologists, biotechnologists, and finance officers. IPCI's infrastructure will be upgraded with a focus on renovation and equipment of the media and reagents preparation units, to ensure the provision of quality products to the TB, STI, and OI laboratory network and reduce the risk of injury.

Quality management: The strategy is to strengthen the national external quality assurance program in TB and STI smear microscopy and rapid test diagnosis. IPCI will continue to assure national quality control for TB and STI diagnosis and support logistics for the quality-assurance program for TB and STI laboratory techniques. IPCI will provide at least two QA/QC site visits to each of the six regional lab and six STI clinics, as well as to 11 TB treatment centers.

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2010. Sample referral system: With technical assistance from the Becton-Dickinson public-private partnership and the PNLT, IPCI will develop a national sample referral system for all TB and STI specimens that will serve as the starting point for developing an integrated referral system for all types of laboratory biological specimens nationwide. Monitoring and evaluation: In collaboration with the MOH's M&E unit (DIPE), the National Institute of Public Health (INHP), and the PNLT, IPCI will develop an M&E plan and provide technical assistance to sites implementing TB, OI, and STI diagnosis. This will include coaching and integrated supervision (on-site and at IPCI). Surveillance will be implemented for TB, OIs (S. pneumoniae and Salmonella), and STIs (N. gonorrhoeae).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10276	**Mechanism Name: Health Alliance International**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Alliance International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,130,000	
Funding Source	**Funding Amount**
GHCS (State)	2,130,000

Sub Partner Name(s)

Assistance Internationale a l'Enfance Coeur et Action	Bouake Eveil	Cote d'Ivoire Prosperite
Eden Lumière Action	Initiative Developpement Afrique Libre	

Overview Narrative

Health Alliance International (HAI) supports the Ivoirian Ministry of Health (MOH) to expand access to comprehensive HIV/AIDS care, treatment, and prevention services while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire.

HAI began activities as PEPFAR Cote d'Ivoire's fourth HIV/AIDS care and treatment prime partner in September 2009. With FY2009 funding, HAI is working to provide PMTCT, HIV testing and counseling (TC), adult and pediatric care and support, adult and pediatric ART, HIV/TB, and AB prevention services in five health facilities in three northern regions of the country (Vallée du Bandama, Zanzan, and Les Savanes).

With FY 2010 funding, HAI will continue, strengthen, and expand these activities, serving 15 clinical sites (with 2,360 adults and children on ART) in the same geographic zones by September 2010.

HAI promotes routine provider-initiated TC and TB screening at all supported health facilities. ART services are initiated at health facilities where there is at least one medical doctor, according to the national guidelines, and PMTCT services are offered at participating antenatal clinics. ART services are provided by multidisciplinary teams of providers using a family-based approach. HAI provides subgrants and technical assistance to several subpartners (private and faith-based clinics) to implement HIV/AIDS care services. Through contracts with local NGOs and PLWHA associations, HAI strives to improve outcomes for care and treatment through improved adherence and reduced rates of loss to follow-up.

At all sites, HAI works through counselors dedicated to providing a comprehensive package of HIV prevention and TC interventions for all clients and effective referrals for people living with HIV/AIDS (PLWHA) and their children, creating linkages to OVC, PMTCT, ART, TB, family-planning, and community-based care and support services. Counselors provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients, as well as prevention with positives services and referral to OVC and community-based care and support services in individual sessions for up to 10 HIV-positive clients.

HAI works to support sites to shift the organization of their facility from a traditional episodic model of care to a chronic model of care for HIV patients. HAI emphasize the involvement of PLWHA in programs through peer-support interventions and strong linkages to community resources. The partner's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, is designed to help ensure sustainability.

High-quality, timely, and sustainable monitoring and evaluation (M&E) activities are a high priority. HAI engages in a collaborative effort with local, national, and international partners to routinely collect, analyze, and disseminate data to assess program quality as well as program impact within and across sites. HAI uses nationally approved M&E systems and tools, including harmonized patient monitoring tools. HAI reports quarterly program results to the USG strategic information team and furnishes program data on an ad hoc basis.

HAI's activities contribute to the key issues of TB, malaria, safe motherhood, and child survival through its clinic-based HIV/AIDS services and its emphases on effective linkages with other health programs (e.g. TB, malaria, MCH). An evaluation of project implementation and impact is planned.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	190,000
Education	90,000
Food and Nutrition: Commodities	51,600
Food and Nutrition: Policy, Tools, and Service Delivery	35,000
Human Resources for Health	1,720,000

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**10276**		
Mechanism Name:	**Health Alliance International**		
Prime Partner Name:	**Health Alliance International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	200,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	

Narrative:

Health Alliance International, the newest of four PEPFAR Cote d'Ivoire care and treatment partners, will use FY 2010 funds to continue and improve the quality of its care and support activities for OVC. PEPFAR CI care and treatment partners provide support to OVC in two ways: 1) by identifying OVC at partner-supported sites, providing medical care, and referring them to community-based care and support, and 2) by providing subgrants to community-based organizations providing OVC services in the geographic zones around partner-supported facilities. All care and treatment partners are receiving increases in funding in FY 2010 (substantial in percentage terms, though modest in absolute terms), in large part to provide subpartner funding to local NGOs providing the direct OVC services. HAI activities will support at least 1,500 OVC by September 2010.

All HIV-positive clients presenting at supported sites are offered information about and referrals to specific community-based OVC care and palliative care services tailored to their individual needs. In individual sessions, counselors seek to obtain contact information (e.g. address, telephone number) for the clients and briefly assess the clients' needs and resources. Counselors provide the clients with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselors then ask the clients whether they would like to provide the names of people in the household who might need referral to such services.

HAI will work with other stakeholders to ensure that community-based services capable of meeting these needs are identified. HAI will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system. Health workers will be trained in pediatric HIV/AIDS management and care, and will be encouraged to facilitate access to OVC services in the partner-assisted regions. HAI will promote uptake of early infant diagnosis and provision of cotrimoxazole prophylaxis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	900,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	240,000	

Narrative:

Health Alliance International (HAI) supports the Ivoirian Ministry of Health (MOH) to expand access to comprehensive HIV/AIDS prevention, care, and treatment services while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire.

HAI began activities as PEPFAR Cote d'Ivoire's fourth HIV/AIDS care and treatment prime partner in September 2009. With FY2009 funding in the HVCT budget code, HAI is working to promote routine provider-initiated HIV testing and counseling (TC) services in five health facilities in three northern regions of the country (Vallée du Bandama, Zanzan, and Les Savanes).

With FY 2010 funding, HAI will continue, strengthen, and expand these activities in the same geographic zones. Activities are expected to support testing at least 15,000 individuals at 29 sites by September 2010, with training for at least 65 providers. HAI will work to ensure that TC services are available at sites through regularly scheduled TC days and available trained counselors, as well as "opt-out" provider-initiated testing.

TC will become part of the continuum of HIV care for patients at sites. HAI's capacity building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure long-term sustainability. Interventions will include:

• Training and on-site mentoring for implementation of the new rapid-test algorithm to improve turn-around time for test results and limit dependence on laboratory staff, thus making point-of-service counseling and testing easier
• Support for facilities to expand TC and improve quality and linkages to care and ART services.
• Strengthening of providers' counseling skills, including those related to HIV prevention and couples counseling.
• Promotion of the use of routine opt-out models in clinical settings such as ANC, TB, and STI clinics, and for adult and pediatric inpatient and outpatient settings to facilitate diagnosis and referral for enrollment and entry into treatment programs. HAI will support sites to develop standard operating procedures related to routine testing within the facility and will train appropriate staff.
• Development of tools, instruments, and databases to track TC activities, including linkages to HIV care and treatment.

• Support for TC services in all prisons and school infirmaries (SSSU) in the three supported regions.
• Support for facilities to establish strong linkages with PLWHA organizations, OVC services, faith-based groups, and community-based NGOs to reduce stigma surrounding HIV testing, promote TC, and ensure that those who test HIV-positive are offered the opportunity to access care and treatment services.
• Collaboration with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of test kits and timely delivery and management of stock.

At all sites, HAI will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning counseling and services will be provided to
patients and their partners through wraparound programming by non-PEPFAR funded partners, and condoms will be provided free of charge.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, HAI will ensure that community-based services capable of meeting these needs are identified, and will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

HAI will continue to support sites to implement patient record keeping and data quality assurance systems. There will also be an ongoing collaboration with districts to support CT services, including supervision, quality improvement, and linkages to HIV care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	40,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDTX	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	

Narrative:

Facility-based health services represent a critical opportunity to impact client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. To use the opportunity to reduce risk behavior and thus HIV transmission, all PEPFAR care and treatment partners support community counselors to ensure that the package of services offered to HIV-positive and HIV-negative clients at supported sites includes, as appropriate, HIV prevention behavior-change communication (BCC) interventions promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care. In addition, they strive to ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative care services.

HVAB funding allows all clients who test HIV-negative to be referred (on an opt-out basis) to a community counselor for appropriate BCC interventions, delivered individually or in small groups. Prevention with positives activities are supported through funding in the HBHC budget code.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	250,000	

Narrative:

Health Alliance International (HAI) supports the Ivoirian Ministry of Health (MOH) to expand access to comprehensive HIV/AIDS prevention, care, and treatment services while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire.

HAI began activities as PEPFAR Cote d'Ivoire's fourth HIV/AIDS care and treatment prime partner in September 2009. With FY2009 funding in the MTCT budget code, HAI is working to provide PMTCT services in five health facilities in three northern regions of the country (Vallée du Bandama, Zanzan, and Les Savanes).

With FY 2010 funding, HAI will continue, strengthen, and expand these activities in the same geographic zones. Activities are expected to test 12,208 women, provide ARV prophylaxis for 500 women, and train

35 providers at 20 PMTCT sites by September 2010.

HAI supports sites to provide family-centered PMTCT services, using antenatal care (ANC) and other maternal and child health (MCH) services as key entry points. HAI's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, is designed to help ensure long-term sustainability.

Key PMTCT activities in FY 2010 will include:

• Develop an annual work plan in collaboration with the MOH and district authorities to improve PMTCT services according to national guidelines
• Provide training and on-site mentoring in PMTCT for nurses, midwives, social workers, counselors, and physicians
• Support sites to provide quality group and individual pre- and post-test counseling to maximize testing consent, receipt of results, and enrollment in and adherence to the PMTCT program
• Provide TC to pregnant women presenting to the facility for the first time during labor
• Support sites to develop systems ensuring that HIV-infected pregnant women are promptly assessed for eligibility for ART, receive routine CD4 cell count testing, and are provided with the clinical and social services appropriate to their disease stage
• Support health care sites to provide enhanced counseling on disclosure, couples counseling, prevention, family planning, nutrition, infant feeding, and treatment adherence
• Develop systems for linking PMTCT, care, and ART services to ensure that all pregnant women testing HIV-positive are enrolled in HIV care and treatment and receive ongoing care after delivery
• Support facilities to establish systems for identifying and tracking women lost to follow-up and supporting adherence to ART, including linkages to organizations of people living with HIV/AIDS (PLWHA)
• Ensure effective HIV-exposed infant follow-up, including initiating exposed infants on cotrimoxazole and conducting early infant diagnosis using DNA PCR

At all PMTCT sites, HAI will contract with local organizations to provide counselors dedicated to support for a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for BCC interventions focusing on ABC methods of risk reduction, as well as partner testing and STI prevention and care. HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include ABC prevention interventions (including disclosure, partner and family testing,

and STI prevention and care) and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning services will be provided through wraparound programming by non-
PEPFAR funded partners, and condoms will be provided free of charge.

HAI will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

HAI will continue its collaboration with nutrition partners (National Nutrition Program, PATH) to improve nutrition assessment, counseling, and support services for pregnant and lactating women and exposed infants, according to national guidelines. All HIV positive pregnant women, before delivery, will receive individual counseling regarding infant feeding, according to national and international (WHO) guidelines.

HAI will continue to support sites to implement patient record keeping and data quality assurance systems and will collaborate closely with health districts for supervision and quality improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10791	**Mechanism Name: New CDC TA Mech JHPIEGO**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000

Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHPIEGO is being funded directly to provide technical assistance in three distinct areas, each drawing on the partner's international expertise and Cote d'Ivoire advantages:

- Cervical cancer prevention and care:
- Quality improvement in PMTCT services
- Task shifting to improve ART service delivery

In addition, JHPIEGO works as a subpartner to Social Sector Development Strategies (SSDS), under the AIDSTAR mechanism, to provide technical assistance to improve pre-service and in-service training curricula and systems.

As a prime partner, JHPIEGO will continue and build on FY 2009-funded activities in:

1. Cervical cancer prevention and care:
Cervical cancer is a major public health problem for women in CI. It is the leading cause of cancer deaths in women, even though it is highly preventable when precancerous lesions are detected and treated. In countries that have developed and implemented high-quality, organized cervical cancer prevention programs, the incidence of cervical cancer has decreased by 70% to 90%. CI has no national cervical cancer prevention program. Existing services are characterized by low coverage rates, poorly targeted services, lack of coordination and linkages of screening and treatment components, and inadequate tracking of patients for follow-up. Services among HIV- infected women are almost nonexistent.

Invasive cervical cancer is an AIDS indicator condition (WHO Stage IV), and per WHO's Human Papilloma Virus (HPV) Center, women in West Africa have higher rates of HPV infection, the primary cause of cervical cancer, than the worldwide rate (16.5% vs. 10%). Moreover, HIV-infected women have higher incidence, greater prevalence, and longer persistence of HPV infection; are at higher risk of developing precancerous lesions of the cervix; and may have more rapid progression to cancer than non-HIV-infected women. Unlike other opportunistic infections, HPV and cervical dysplasia are not effectively prevented, nor do they reliably regress with ART. Therefore, with increasing access to ART in low-

resource settings, HIV-positive women may live longer, but may also be at increased risk for development of cervical cancer.

Given the high burden of HIV in CI and corresponding potential for AIDS-related malignancies, particularly the high incidence of cervical dysplasia among HIV-infected women, a crucial gap exists for screening and treatment of AIDS-related cancers, especially cervical cancer. HIV and its influence on the development of cervical cancer pose significant risks for women's health, as well as the well-being of their families and communities. As a result, HIV-infected women should receive cervical cancer prevention services as part of their routine HIV care and treatment.

In FY 2009, the USG team began funding JHPIEGO to help address this need, with pilot activities at 10 high-volume, high-capacity care and treatment hospitals. JHPIEGO has been a leader in global cervical cancer prevention efforts in low-resource settings (Ghana, Guyana, Indonesia, Malawi, Peru, Philippines, South Africa, Thailand). JHPIEGO is building upon this experience to help introduce a cervical cancer prevention program targeting HIV-infected women in CI. JHPIEGO is introducing screening for cervical pre-cancer lesions using visual inspection with dilute acetic acid (VIA) and providing cryotherapy for those who screen positive in a single visit approach (SVA). The SVA is a recognized alternative for low-resource settings to cytology-based screening for cervical dysplasia. This approach also links testing with the offer of treatment or other management options, during the same visit. This linkage is not only clinically important but also cost-effective in ensuring VIA-positive women are taken care of at the earliest possible time.

With FY 2010 funds, JHPIEGO will continue and expand current activities to three additional sites, to be selected with the PNPEC and the PEPFAR team. While preparing the selected sites for SVA services, JHPIEGO will work with the MOH to establish a national Technical Advisory Group to advocate for a comprehensive cervical cancer prevention and control policy that incorporates the SVA and to adapt service delivery guidelines and training materials. As this foundation is being developed, JHPIEGO will help prepare selected sites to provide SVA through training of providers; procurement of equipment/supplies; incorporation of cervical cancer and STI prevention messages; establishment of a data collection system; and implementation of quality assurance measures, such as performance standards and supervisory visits. Services will be made available to HIV-infected women, will be integrated with HIV testing and counseling as well as care and treatment services, and will be linked to a referral system for treatment of women who have lesions not amenable to cryotherapy or who are found to have invasive cervical cancer.

Specific objectives are to:

• Establish strategy, policy, and guidelines for cervical cancer prevention services for HIV-infected women.
• Provide cervical cancer prevention services with appropriate follow-up as part of routine care for HIV-infected women at hospital sites, reaching at least 3,000 HIV-infected women.
• Increase HIV-infected women's awareness and acceptance of cervical cancer prevention services through behavior change communication (BCC) messages and activities.
• Develop and implement a referral system for treatment of women who have lesions not amenable to cryotherapy or for those found to have invasive cervical cancer.
• Develop a monitoring and supervision system for quality assurance of cervical cancer prevention services and activities.
• Develop a cervical cancer prevention model for other health facilities in subsequent years.

2. Quality improvement in PMTCT services
PEPFAR CI's main partner focusing on quality improvement across technical areas is the University Research Co. (URC), which in 2010 will scale up its "collaborative" approach from 41 to 120 ART and PMTCT sites.

In addition, the USG team is funding JHPIEGO to work closely with URC and the National HIV/AIDS Care and Treatment Program (PNPEC) to continue quality-improvement work in PMTCT to 1) continue supporting sites where it is currently working, 2) contribute to rapid scale-up and coverage of quality-improvement efforts, and 3) allow for comparison of the partners' approaches and a variety of lessons to improve programming.

JHPIEGO's SBM-R (Standards-Based Management and Recognition) approach involves setting comprehensive, verifiable standards for care and empowering facility staff to identify gaps and develop interventions to address these gaps. A recognition system rewards facilities when a predetermined level of quality is reached.

In Cote d'Ivoire, JPIEGO has helped in-country experts adapt and adopt performance standards in PMTCT and HIV testing and counseling and is helping implement the SBM-R approach at 25 sites. FY 2010 funding will be used to continue supporting those sites and expand activities to five additional sites supported by PEPFAR clinical partners.

By improving the quality of PMTCT services, this activity contributes to the key issues of safe motherhood and child survival.

3. Task-shifting

Using FY 2009 funds, JHPIEGO is working in collaboration with ICAP-Columbia University to support the Ministry of Health in developing policy and practical frameworks for task-shifting to strengthen HIV/AIDS care and treatment. The initial focus is on facilitating the transfer of tasks in ART service delivery from physicians to nurses to help address gaps caused by inadequate and poorly distributed (especially in rural areas and in the conflict-affected North and West of the country) human resources. With FY 2010 funds, JHPIEGO will work with ICAP and the MOH to implement task-shifting activities at 13 HIV/AIDS care and treatment sites outside Abidjan, with the necessary training and supervision.

Cross-Cutting Budget Attribution(s)

Education	60,000
Human Resources for Health	450,000

Key Issues

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	**10791**
Mechanism Name:	**New CDC TA Mech JHPIEGO**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	

Narrative:

For HIV/AIDS programs in Cote d'Ivoire to achieve desired clinical outcomes and contribute to reaching national uptake targets, improvement in service quality is critical. PEPFAR CI's main partner focusing on quality improvement is the University Research Co. (URC), which in 2010 will scale up its "collaborative" approach from 41 to 120 ART and PMTCT sites.

In addition, the USG team is funding JHPIEGO to continue quality-improvement work in PMTCT to 1) continue supporting sites where it is currently working, 2) contribute to rapid scale-up and coverage of quality-improvement efforts, and 3) allow for comparison of the partners' approaches and a variety of lessons to improve programming.

JHPIEGO implements a simple, low-tech, and practical approach to improving the quality of HIV/AIDS services. The SBM-R (Standards-Based Management and Recognition) approach involves setting comprehensive, verifiable standards for care; conducting a participatory assessment of baseline at the facility level; empowering facility staff to identify gaps and develop interventions to address these gaps using root-cause analysis; and following up using internal and external assessment to continuously evaluate and improve the quality of care. A complementary recognition system rewards facilities when a predetermined level of quality is reached, forming the basis for a credentialing system for a more sustained emphasis on high-quality services.

In Cote d'Ivoire, JPIEGO has helped in-country experts adapt and adopt performance standards in PMTCT and HIV testing and counseling and has led a series of advocacy meetings regarding this approach with PEPFAR and Government of Cote d'Ivoire partners to achieve buy-in. JHPIEGO is helping implement the SBM-R approach at 25 sites; some sites have reported improvement of up to 20% over a six-month period in attainment of performance standards. FY 2010 funding will be used to continue supporting those sites and expand activities to five additional sites supported by PEPFAR clinical partners.

JHPIEGO will work in coordination and collaboration with URC, under the guidance of the National HIV/AIDS Care and Treatment Program (PNPEC) and the PEPFAR team, to achieve synergies and avoid duplication.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11489	**Mechanism Name: Department of Defense**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIV prevention and care are priorities for Cote d'Ivoire's Ministry of Defense (MoD), whose mostly young, often mobile members face a heightened risk of infection. Building on the MoD's existing program for prevention and care of STIs, including HIV/AIDS, the U.S. Department of Defense (DoD) provides technical assistance for the revision and implementation of a comprehensive HIV/AIDS management policy. This activity has strengthened the partnership between the MoD and the USG and is helping to mobilize the Ivoirian armed forces (MoD, police, customs, Water and Forests) and the Forces Armées/Forces Nouvelles (FAFN) for HIV prevention and care activities, policy development, and aggressive management of the HIV/AIDS epidemic.

The DoD is using FY 2008 and FY 2009 funding to strengthen HIV prevention capacities within the MoD, including conducting a workshop to standardize behavior change communication messages and tools for uniformed personnel, in conjunction with PEPFAR HIV prevention partners (PSI, EngenderHealth, JHU/CCP, etc.); training or retraining peer educators; supporting five associations of military wives to conduct HIV prevention outreach; and training or retraining physicians on prevention with positives.

With FY 2010 funding, the DoD will provide assistance to increase the capacity of the Armed Forces to collect data and transmit it to the national database for analysis. Ten data managers within the uniformed forces will be trained on the national standards for data collection and dissemination. The purpose of this

activity is to strengthen system capacity to collect and report accurate data on activities executed by uniformed personnel.

FY 2010 funding will also support the renovation and equipping of the laboratory at the Military Hospital of Abidjan so that it conforms to national guidelines and equipment standards and can serve as an STI/HIV reference center. FY 2009 funds will support the training of three military laboratory technicians to perform routine STI diagnosis according to national standards. The objective of the program is to develop human capacity and strengthen the ability of the armed forces to diagnose and treat STIs among its members, families, and local communities.

Proposed activities will contribute to building the Ivoirian health system beyond HIV/AIDS. The promotion of proper data collection and reporting will help build a foundation for effective monitoring and evaluation of health programs. Laboratory infrastructure and equipment will support the full range of health care services.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	25,000
Human Resources for Health	40,000

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**11489**
Mechanism Name:	**Department of Defense**
Prime Partner Name:	**U.S. Department of Defense (Defense)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	150,000	

Narrative:

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often mobile members face a heightened risk of infection. Building on the MoD's existing program for prevention and care of STIs, including HIV/AIDS, the U.S. Department of Defense (DoD) provides technical assistance for the revision and implementation of a comprehensive HIV/AIDS management policy. This activity has strengthened the partnership between the MoD and the USG and is helping to mobilize the Ivoirian armed forces (MoD, police, customs, Water and Forests) and the Forces Armées/Forces Nouvelles (FAFN) for HIV prevention and care activities, policy development, and aggressive management of the HIV/AIDS epidemic.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11491	Mechanism Name: CDC-RETRO-CI GHAI
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,337,000	
Funding Source	**Funding Amount**
GHCS (State)	1,337,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	180,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11491		
Mechanism Name:	CDC-RETRO-CI GHAI		
Prime Partner Name:	HHS/Centers for Disease Control & Prevention		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	618,000	

Narrative:

Funding in HBHC will support procurements and technical assistance by the CDC/Retro-CI Laboratory in support of medical care for adults living with HIV but not on ART. These costs were reflected in other budget codes in previous years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

Funding in HVCT will support procurements (including HIV tests) and technical assistance by the CDC/Retro-CI Laboratory for National Testing Day 2010 in Cote d'Ivoire, during which 25,000 people are expected to be tested. Comparable costs would have been reflected in other budget codes in past years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	82,000	

Narrative:

Funding in PDCS will support procurements (in part) and technical assistance by the CDC/Retro-CI Laboratory in support of the early infant diagnosis program and medical care for children living with HIV but not on ART. These costs were reflected in other budget codes in previous years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	437,000	

Narrative:

Funding in HLAB is lower in FY 2010, compared to previous years, because management and operations costs are being moved to the M&O section and procurements for laboratory services in support of direct HIV/AIDS services (testing and counseling, PMTCT, ART, etc.) are being moved into the appropriate technical area budget codes (HVCT, MTCT, HTXS, etc.) HLAB funding will mainly support training, supervision, evaluations, and quality assurance activities designed to build the national laboratory system.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12410	Mechanism Name: TBD-Care Int Follow-on
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since late 2005, the USG has funded Care International to extend access to HIV/AIDS prevention, care, and treatment services to underserved populations in the northern and western regions of Côte d'Ivoire, where health, education, and social services were severely damaged during the country's 2002-2008 politico-military crisis. Working through local community- and faith-based organizations (CBO/FBOs), Care activities have supported behavior change communication (reaching 93,723 people with AB and 172,672 people with Other Prevention outreach in FY 2009), HIV testing and counseling (20,650 in FY 2009), and care and support for people living with HIV/AIDS (6,571) and orphans and vulnerable children (11,155), with linkages to medical care and treatment, support groups, economic strengthening activities, and other services, in and around the hub cities of Bouake, Man, Duekoue, Korhogo, and Bondoukou. With a no-cost extension, Care's award will end in September 2010.

Results achieved and lessons learned suggest that a) working with local CBO/FBOs to extend HIV/AIDS prevention and care services to areas in crisis and post-crisis situations can produce impressive results and b) that future interventions must place even greater emphasis on building sustainability through transfer of capacity to the community level.

For the next five-year period, the USG team has launched a competitive FOA designed to expand on Care's work to engage and sustain community involvement and build local capacity to implement and monitor evidence-based, culturally appropriate, gender-sensitive HIV prevention and care interventions in the highest-density and highest-prevalence areas of the North and West (similar to Care's current intervention zones).

A TBD partner will be funded in the HVAB, HVOP, HVCT, HBHC, and HKID budget codes to provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and other civil-society members (e.g. traditional and religious leaders, teachers, women's and youth associations, etc.) in the North and West to deliver appropriate, innovative, high-quality:
- Behavior-change communication (BCC) interventions promoting HIV prevention, including use of PMTCT and HIV testing and counseling (TC) services and reduction of stigma, discrimination, and gender inequity
- Direct TC services and care and support services for people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC), with effective linkages to HIV treatment and other health and social services.

The TBD partner will progressively expand the organizational and management capacity and the quality and range of interventions of CBO/FBO implementing partners and demonstrate these achievements through measurable outcomes. Project-specific quantifiable milestones to measure indigenous capacity-building and progress toward sustainability will include increasing the number and improving the quality of locally organized and supported HIV/AIDS activities, as well as demonstrating quantifiable progress through the implementation of a sustainability plan and individual capacity-building plans. The partner will participate in relevant national technical, coordination, and quality-assurance committees and progressively reinforce the capacity of faith- and community-based organizations and village and district structures to promote quality, local ownership, accountability, and sustainability of activities.

The partner will work to link project interventions with existing HIV care and treatment and other social services in the area, including services supported by other PEPFAR-funded initiatives and by other donors (Global Fund, World Bank), and will promote coordination at all levels, including through bodies such as district, regional, and national HIV coordination committees and networks of PLWHA and faith-based organizations.

Monitoring and evaluation (M&E) of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Using participatory approaches, the partner will develop and implement a project-specific strategic information/M&E plan consistent with national policies and OGAC guidance that draws on available data and national tools and uses quantitative and qualitative methods. This plan will require the collection, analysis, and dissemination of data to ensure adequate baseline data and regular data reports to support targeted service delivery, program M&E, and appropriate information systems. This information will also serve to measure coverage and reach of mass media messaging and to analyze intervention effectiveness.

The partner will contribute to the key issues of gender equity, addressing male norms, and increasing

women's access to income and productive resources by, among other things, using gender-sensitive materials and approaches in HIV prevention outreach; targeting girls and women as priority groups for HIV prevention, care and support, and economic strengthening activities; supporting the Families Matter parent-child communication program; and promoting HIV services (including PMTCT services) to women.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted
Water	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12410**		
Mechanism Name:	**TBD-Care Int Follow-on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
The TBD partner will provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and other civil-society members (e.g. traditional and religious leaders, teachers, women's and youth associations, etc.) in the North and West to deliver high-quality, culturally			

appropriate, gender-sensitive HIV prevention, care, and support services for people living with HIV/AIDS (PLWHA) and their families, with effective referrals to treatment and other services.

While details remain to be planned with the TBD partner and national stakeholders and targets will depend on the timing of the award and funds availability, activities in the technical area budget code of Adult Care and Support will focus on building capacity to provide:
- Strong referral networks, follow-up, and care and support for PLWHA and their families, including support for status disclosure, testing for their sexual partners and children, home-based palliative care, Prevention with Positives activities, support groups, and active, prominent roles for PLWHA in program planning and implementation.
- Use of situational analyses and validated, evidence-based approaches to develop appropriate economic strengthening and nutritional support for eligible PLWHA and OVC families, such as food-production income-generating activities, vocational training, savings and loan groups, etc.
- Provision of home-based care and support for PLWHA, including kits, psychosocial support, and referral to health centers, social services, and OVC care
• Training of community counselors in psychosocial support and support group therapy for PLWHA and OVC
• Training of religious leaders in psycho-spiritual support for PLWHA and HIV-affected people
• Production and distribution of media materials (print materials such as posters brochures, and mass media outlets such as radio spots) with messages designed to reduce stigma and discrimination against PLWHA and OVC

The partner is expected to provide at least 5,000 PLWHA by September 2011 (7,500 by Year 5) with care, support, and PwP services and to ensure that these clients receive cotrimoxazole (at least 80% by Year 5), TB screening (100%), and ART adherence counseling (90%) and have access to bed nets and a safe water supply (75% by Year 5). At least 750 PLWHA are expected to receive food and/or nutrition services over five years, and all targeted health facilities are expected to have active PLWHA support groups. At least 1,000 community health care workers are expected to be trained in HIV care and support over five years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

The TBD partner will provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and other civil-society members (e.g. traditional and religious leaders, teachers, women's and youth associations, etc.) in the North and West to deliver high-quality, culturally

appropriate, gender-sensitive HIV prevention, care, and support services for people living with and affected by HIV/AIDS and their families, including OVC.

While details remain to be planned with the TBD partner and national stakeholders and targets will depend on the timing of the award and funds availability, activities in the HKID budget code will focus on building capacity to:

• Identify and assess the needs of OVC in accordance with PEPFAR guidance and national directives
• Provide care and support for OVC as needed, including health care, educational, legal, and psychosocial support, follow-up, provision of HIV prevention education and items such as impregnated bed nets, nutrition assessment and counseling, food support (in collaboration with the World Food Program), TB screening, and hygiene education
• Using situational analyses and validated, evidence-based approaches, provide appropriate economic strengthening and nutritional support for eligible PLWHA and OVC families, such as food-production income-generating activities, vocational training, savings and loan groups, etc.

At least 15,000 OVC are expected to benefit from care and support by Year 5, including 8,000 by September 2011.

The partner will collaborate with other PEPFAR and non-PEPFAR implementing partners and will work to strengthen government social centers using the platform approach for OVC support coordination and conduct supervision visits in conjunction with the National OVC Program (PNOEV). The partner will support training of social workers and community counselors in OVC identification, care, and support using a "family approach" and the Child Status Index, as well as in diagnosing HIV infection and other illnesses in children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The TBD partner will provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and health care providers in the North and West to deliver high-quality HIV testing and counseling (TC) services, with effective referrals to care, treatment, OVC, and other services.

While details remain to be planned with the TBD partner and national stakeholders and targets will depend on the timing of the award and funds availability, activities in the HVCT budget code will focus on building capacity to provide TC services reaching at least 150,000 people over five years, including

12,000 by September 2011. Expanded uptake of confidential TC will emphasize promotion of routine testing at health-care facilities, in partnership with health-care providers, as well as follow-up (e.g. home-based) testing for sexual partners and children of people living with HIV/AIDS, and improved access to testing for other populations (e.g. through mobile testing).

The partner will work to support training of health workers and community counselors (at least 1,000 over five years) in the promotion and provision of TC using the new national testing algorithm and finger-prick technique; on-site coaching and supervision of community counselors and health workers providing TC services; referrals to care and treatment for patients testing positive and their families, including OVC; and mass-media and proximity campaigns promoting TC.

The partner will work with regional HIV/AIDS networks and prevention partners to conduct mobilization activities focusing on traditional leaders, traditional practitioners, and religious leaders to promote the use of TC services, especially for families, couples, and at-risk groups.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The TBD partner will provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and other civil-society members (e.g. traditional and religious leaders, teachers, women's and youth associations, etc.) in the North and West to deliver high-quality, culturally appropriate, gender-sensitive behavior-change communication (BCC) interventions using mass media (local radio) and proximity approaches to promote HIV prevention.

While details remain to be planned with the TBD partner and national stakeholders and targets will depend on the timing of the award and funds availability, activities to promote HIV prevention through abstinence and being faithful (AB) are likely to include targeted BCC campaigns involving religious and traditional leaders in the community as well as teachers and peer educators in and out of schools. Messages will be designed to encourage the delay of sexual debut among youth; promote mutual fidelity; decrease inter-generational and transactional sex, sexual coercion, gender-based violence, and HIV-related stigma and discrimination; decrease multiple sexual partnerships; and promote HIV testing and counseling (TC) and PMTCT service uptake. Small-group communication methods will take place in community settings, mosques and churches, and schools and will be reinforced by radio messages in local languages. Religious, community, and other leaders will use a family approach to prevention, making efforts will address issues with both parents and children.

The partner will identify and implement targeted BCC tools and strategies in collaboration with other PEPFAR partners, with priority target groups including girls, women, and out-of-school youth. Individual and small-group interventions focused on HIV prevention through AB are expected to reach at least 420,000 individuals over five years, including 75,000 by September 2011.

Promotion of PMTCT services will be a key element of HIV prevention messages; over five years, individual and small-group interventions are expected to reach at least 42,000 women with PMTCT messages, including referral of pregnant women to TC services with appropriate linkages and follow-up for those who test HIV-positive.

The partner is also expected to train 300 community counselors per year (1,500 over five years) in HIV prevention interventions; to collaborate with a national network of religious leaders (ARSIP) to strengthen religious leaders' capacities to address HIV/AIDS in their communities; to work with women's organizations to help women discuss AB-related issues with their children; and to identify, pilot, and evaluate other innovative, evidence-based HIV prevention activities involving HIV prevention and reproductive-health education, risk awareness, life skills, leadership development, and vulnerability reduction for at-risk subpopulations, including out-of-school youth, with a particular focus on girls. The partner will collaborate with the Ministry of Education to support the implementation of a life skills curriculum, which delivers age-appropriate abstinence messages to children and promotes healthy lifestyles; to identify and train community health workers to deliver BCC interventions using a family-based approach; to support the piloting, evaluation, and possible expansion of the Men as Partners project which aims to promote gender equality and encourage positive male involvement in HIV prevention; and to collaborate with CBO/FBOs to conduct training on gender sensitivity and implement campaigns against gender-based violence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The TBD partner will provide subgrants and technical assistance to build the organizational and technical capacity of local CBO/FBOs and other civil-society members (e.g. traditional and religious leaders, teachers, women's and youth associations, etc.) in the North and West to deliver high-quality, culturally appropriate, gender-sensitive behavior-change communication (BCC) interventions using mass media (local radio) and proximity approaches to promote HIV prevention.

While details remain to be planned with the TBD partner and national stakeholders and targets will depend on the timing of the award and funds availability, activities to in the technical area budget code of

Condoms and Other Prevention will promote risk awareness and risk reduction through correct and consistent condom use, in conjunction with abstinence and fidelity; reduction of inter-generational and transactional sex, sexual coercion, gender-based violence, and HIV-related stigma and discrimination; decreased multiple sexual partnerships; and promotion of HIV testing and counseling (TC) and PMTCT service uptake, with referral to appropriate care and support services. Approaches are likely to include targeted BCC campaigns involving religious and traditional leaders in the community as well as teachers and peer educators in and out of schools. Small-group communication methods will take place in community settings, mosques and churches, and schools and will be reinforced by local radio messages. Religious, community, and other leaders will use a family approach to prevention, making efforts will address issues with both parents and children.

The partner will support procurement and distribution (including social marketing) of male condoms to rural communities to accompany prevention messaging and encourage correct and consistent condom use, and will support development of a package of prevention activities targeting people living with HIV/AIDS, in collaboration with national and local PLWHA organizations.

Promotion of PMTCT services will be a key element of HIV prevention messages; over five years, individual and small-group interventions are expected to reach at least 54,850 women with PMTCT messages, including referral of pregnant women to TC services with appropriate linkages and follow-up for those who test HIV-positive.

The partner will identify and implement targeted BCC tools and strategies in collaboration with other PEPFAR partners, with priority target groups including sex workers, men who have sex with men, girls, women, and out-of-school youth. Individual and small-group interventions focused on HIV prevention through AB are expected to reach at least 420,000 individuals over five years, including 147,000 by September 2011.

The partner is expected to train 300 community counselors per year (1,500 over five years) in HIV prevention interventions; to work with women's organizations to help women discuss AB-related issues with their children; and to identify, pilot, and evaluate other innovative, evidence-based HIV prevention activities involving HIV prevention and reproductive-health education, risk awareness, life skills, leadership development, and vulnerability reduction for at-risk subpopulations. The partner will collaborate with the Ministry of Education to support the implementation of a life skills curriculum, which delivers age-appropriate abstinence messages to children and promotes healthy lifestyles; to identify and train community health workers to deliver BCC interventions using a family-based approach; to support the piloting, evaluation, and possible expansion of the Men as Partners project which aims to promote gender equality and encourage positive male involvement in HIV prevention; and to collaborate with

CBO/FBOs to conduct training on gender sensitivity and implement campaigns against gender-based violence.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12411	**Mechanism Name: TBD ANADER Follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Sixty percent of Cote d'Ivoire's population is rural, much of it functionally illiterate and underserved by health and other services. Since late 2005, the USG has funded the Ivoirian National Agency for Rural Development (ANADER) to extend access to HIV/AIDS prevention, care, and treatment services to rural areas. Working through its development agents, village action committees, and volunteer community counselors, ANADER and its subpartners have provided behavior change communication (reaching 123,097 people with AB and 231,917 people with Other Prevention outreach in FY 2009), mobile and fixed-site HIV testing and counseling (29,652 in FY 2009), and care and support for people living with HIV/AIDS (3,065) and orphans and vulnerable children (10,029), with linkages to medical care and treatment, support groups, economic strengthening activities, and other services, in 146 villages in five regions. With a no-cost extension, ANADER's award will end in September 2010.

Results achieved and lessons learned suggest that a) extending HIV/AIDS prevention and care services to rural areas through village action committees can produce impressive results and break pervasive stigma, and b) with foreseeable resources, this model cannot be scaled up beyond selected higher-prevalence and/or high-impact zones.

For the next five-year period, the USG team has launched a competitive FOA designed to build on ANADER's work and to focus on:
- Behavior change communication (BCC) reaching national coverage in rural areas, with an emphasis on targeting and involving the most vulnerable populations, including girls and young women and out-of-school youth.
- Broader HIV testing and care interventions in selected higher-prevalence and/or high-impact zones
- Integration of all supported HIV/AIDS activities into existing (non-HIV) structures and activities, with capacity building to enable and sustain local ownership.
A TBD partner will be funded in the HVAB, HVOP, HVCT, HBHC, and HKID budget codes to engage involvement of the community (e.g. local health or water committees, traditional and religious leaders, teachers, health care providers, women's and youth associations, etc.) and to build local capacity to implement and monitor evidence-based, culturally appropriate, gender-sensitive HIV prevention interventions. The partner will oversee targeted, coordinated mass-media (including local radio) and proximity BCC activities reaching rural areas in all regions of Côte d'Ivoire (over five years) to promote HIV testing; prevention of mother-to-child transmission (PMTCT); risk awareness; risk reduction through abstinence, fidelity, and, for populations engaged in high-risk behaviors, correct and consistent condom use; reduction of stigma and discrimination; reduction of gender inequity; and use of care and treatment services through a strong referral network.

In addition, in selected zones, the partner will build on and refine ANADER's more comprehensive model of providing HIV/AIDS prevention, testing, and care, including OVC care, through local structures. Details will be worked out with the awardee and national stakeholders, but use and strengthening of local capacity will be a priority. Project-specific quantifiable milestones to measure indigenous capacity-building and progress toward sustainability will include increasing the number and improving the quality of locally organized and supported HIV/AIDS activities, as well as demonstrating quantifiable progress through the implementation of a sustainability plan. The partner will participate in relevant national technical, coordination, and quality-assurance committees and progressively reinforce the capacity of faith- and community-based organizations and village and district structures to promote quality, local ownership, accountability, and sustainability of activities.

The partner will work to link project interventions with existing HIV care and treatment and other social services in the area, including services supported by other PEPFAR-funded initiatives and by other

donors (Global Fund, World Bank), and will promote coordination at all levels, including through bodies such as district, regional, and national HIV coordination committees and networks of PLWHA and faith-based organizations.

Monitoring and evaluation (M&E) of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Using participatory approaches, the partner will develop and implement a project-specific strategic information/M&E plan consistent with national policies and OGAC guidance that draws on available data and national tools and uses quantitative and qualitative methods. This plan will require the collection, analysis, and dissemination of data to ensure adequate baseline data and regular data reports to support targeted service delivery, program M&E, and appropriate information systems. This information will also serve to measure coverage and reach of mass media messaging and to analyze intervention effectiveness.

The partner will contribute to the key issues of gender equity and increasing women's access to income and productive resources by, among other things, using gender-sensitive materials and approaches in HIV prevention outreach; targeting girls and women as priority groups for HIV prevention, care and support, and economic strengthening activities; and by promoting HIV services (including PMTCT services) to women.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Human Resources for Health	Redacted
Water	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	12411		
Mechanism Name:	TBD ANADER Follow-on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

In selected higher-prevalence and/or high-impact zones, the TBD partner will
build on ANADER's model of providing HIV/AIDS prevention, testing, and care, including OVC care, through existing local structures. Details will be worked out with the awardee and national stakeholders, but use and strengthening of national and local capacity will be a priority.

In Adult Care and Support, the partner will work to support:

- Improved referral networks, follow-up, and care and support for people living with HIV/AIDS (PLWHA) and their families, including support for status disclosure, testing for their sexual partners and children, home-based palliative care, Prevention with Positives activities (cotrimoxazole, impregnated bed nets prioritizing pregnant women and children under age 5, nutrition assessment and counseling, food support in cases of malnutrition, TB screening, hygiene education, condoms, treatment adherence counseling, etc.), support groups, and active, prominent roles for PLWHA in program planning and implementation.
- Use of situational analyses and validated, evidence-based approaches to develop appropriate economic strengthening and nutritional support for eligible PLWHA and OVC families, such as food-production income-generating activities, vocational training, savings and loan groups, etc.
- Provision of home-based care and support for PLWHA, including kits, psychosocial support, and referral to health centers, social services, and OVC care
• Training of community counselors in psychosocial support and support group therapy for PLWHA and OVC
• Training of religious leaders in psycho-spiritual support for PLWHA and HIV-affected people
• Production and distribution of media materials (print materials such as posters brochures, and mass media outlets such as radio spots) with messages designed to reduce stigma and discrimination against PLWHA and OVC

The partner is expected to provide at least 2,500 PLWHA by September 2011 (5,000 by Year 5) with care, support, and PwP services, including HIV testing promotion for household members, and to ensure that these clients receive cotrimoxazole (at least 80% by Year 5), TB screening (100%), and ART adherence counseling (90%) and have access to bed nets and a safe water supply (75% by Year 5). At

least 500 PLWHA are expected to receive food and/or nutrition services over five years, and all intervention villages are expected to have active PLWHA support groups.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

In selected higher-prevalence and/or high-impact zones, the TBD partner will build on ANADER's model of providing HIV/AIDS prevention, testing, and care, including OVC care, through existing local structures. Details will be worked out with the awardee and national stakeholders, but use and strengthening of national and local capacity will be a priority.

In the OVC technical area, the partner will work to support:

• Identification of OVC and assessment of their needs in accordance with PEPFAR guidance and national directives
• Care and support for OVC as needed, including health care, educational, legal, and psychosocial support, follow-up, provision of items such as impregnated bed nets, nutrition assessment and counseling, food support in cases of malnutrition, TB screening, and hygiene education
• Based on situational analyses and using validated, evidence-based approaches, appropriate economic strengthening and nutritional support for eligible PLWHA and OVC families, such as food-production income-generating activities, vocational training, savings and loan groups, etc.

At least 15,000 OVC are expected to benefit from care and support by Year 5, including 8,000 by September 2011.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

In selected higher-prevalence and/or high-impact zones, the TBD partner will build on ANADER's model of providing HIV/AIDS prevention, testing, and care, including OVC care, through existing local structures. Details will be worked out with the awardee and national stakeholders, but use and strengthening of national and local capacity will be a priority.

The partner will work to support mobile, facility-based, and home-based HIV testing and counseling reaching at least 150,000 people over five years, including 12,000 by September 2011. Expanded uptake of confidential TC will emphasize promotion of routine testing at health-care facilities, in partnership with

health-care providers, as well as follow-up (e.g. home-based) testing for sexual partners and children of people living with HIV/AIDS, and improved access to testing for other populations (e.g. through mobile testing).

The partner will work to support training of health workers and community counselors (at least 1,000 over five years) in TC using the new national testing algorithm and finger-prick technique; on-site coaching and supervision of community counselors and health workers providing TC services; referrals to care and treatment for patients testing positive and their families, including OVC; and mass-media and proximity campaigns promoting TC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The TBD partner will oversee targeted, coordinated mass-media (including local radio) and proximity HIV prevention behavior change communication (BCC) activities conducted through local structures and reaching rural areas in all regions of Côte d'Ivoire over five years. Engaging and building on involvement of the community (e.g. local health or water committees, traditional and religious leaders, teachers, health care providers, women's and youth associations, etc.), the partner will work to build local capacity to implement and monitor evidence-based, culturally appropriate, gender-sensitive HIV prevention interventions. In the technical area budget code of AB prevention, these interventions will promote risk awareness and risk reduction through abstinence and fidelity, delay of sexual debut, reduction of multiple partnerships, reduction of transactional and intergenerational sex, reduction of stigma and discrimination, reduction of gender inequity, as well as use of HIV testing and prevention of mother-to-child transmission (PMTCT) services, with referral to appropriate care and support services.

While details remain to be planned with the eventual awardee and national stakeholders and targets will depend on the timing of the award and funds availability, approaches are likely to include implementation of a national communications strategy for rural areas promoting the coordinated use of rural radio stations (50 broadcast events per village per year) and networks, listening groups, and other community-based activities involving key spokespeople (such as health-care providers, teachers, and religious, traditional, youth, and male/female community leaders) for HIV prevention education. The partner will identify and implement targeted BCC tools and strategies in collaboration with other PEPFAR partners, with priority target groups including girls, women, and out-of-school youth. Individual and small-group interventions focused on HIV prevention through AB are expected to reach at least 548,500 individuals over five years, including 80,000 by September 2011.

Promotion of PMTCT services will be a key element of HIV prevention messages; over five years, individual and small-group interventions are expected to reach at least 54,850 women with PMTCT messages, including referral of pregnant women to TC services with appropriate linkages and follow-up for those who test HIV-positive.

The partner is also expected to train 500 community counselors per year (2,500 over five years) in HIV prevention interventions; to collaborate with a national network of religious leaders (ARSIP) to strengthen religious leaders' capacities to address HIV/AIDS in their communities; to work with women's organizations to help women discuss AB-related issues with their children; and to identify, pilot, and evaluate other innovative, evidence-based HIV prevention activities involving HIV prevention and reproductive-health education, risk awareness, life skills, leadership development, and vulnerability reduction for at-risk subpopulations, including out-of-school youth, with a particular focus on girls.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

The TBD partner will oversee targeted, coordinated mass-media (including local radio) and proximity HIV prevention behavior change communication (BCC) activities conducted through local structures and reaching rural areas in all regions of Côte d'Ivoire over five years. Engaging and building on involvement of the community (e.g. local health or water committees, traditional and religious leaders, teachers, health care providers, women's and youth associations, etc.), the partner will work to build local capacity to implement and monitor evidence-based, culturally appropriate, gender-sensitive HIV prevention interventions. In the technical area budget code of Condoms and Other Prevention, these interventions will promote risk awareness and risk reduction through correct and consistent condom use, in conjunction with abstinence, fidelity, reduction of multiple partnerships, and reduction of transactional and intergenerational sex, as well as use of HIV testing and prevention of mother-to-child transmission (PMTCT) services, with referral to appropriate care and support services.

While details remain to be planned with the eventual awardee and national stakeholders and targets will depend on the timing of the award and funds availability, approaches are likely to include implementation of a national communications strategy for rural areas promoting the coordinated use of rural radio stations (50 broadcast events per village per year) and networks, listening groups, and other community-based activities involving key spokespeople (such as health-care providers, teachers, and religious, traditional, youth, and male/female community leaders) for HIV prevention education. The partner will identify and implement targeted BCC tools and strategies in collaboration with other PEPFAR partners, with priority target groups including sex workers, girls, women, and out-of-school youth. Individual and

small-group interventions focused on HIV prevention through an ABC approach are expected to reach at least 548,500 individuals over five years, including 190,000 by September 2011.

The partner will support community outreach activities promoting condom use and other HIV prevention methods through mass campaigns and theatrical presentations as well as individual and small-group approaches; support procurement and distribution (including social marketing) of male condoms to rural communities to accompany prevention messaging and encourage correct and consistent condom use; and support development of a package of prevention activities targeting people living with HIV/AIDS, in collaboration with national and local PLWHA organizations.

Promotion of PMTCT services will be a key element of HIV prevention messages; over five years, individual and small-group interventions are expected to reach at least 54,850 women with PMTCT messages, including referral of pregnant women to TC services with appropriate linkages and follow-up for those who test HIV-positive.

The partner is also expected to train 500 community counselors per year (2,500 over five years) in HIV prevention interventions; to collaborate with a national network of religious leaders (ARSIP) to strengthen religious leaders' capacities to address HIV/AIDS in their communities; to work with women's organizations to help women discuss AB-related issues with their children; and to identify, pilot, and evaluate other innovative, evidence-based HIV prevention activities involving HIV prevention and reproductive-health education, risk awareness, life skills, leadership development, and vulnerability reduction for at-risk subpopulations, including out-of-school youth, with a particular focus on girls.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12412	**Mechanism Name: TBD HVP FHI follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A new implementing partner (IP) will conduct a project entitled, "Support for HIV/AIDS activities serving highly vulnerable populations in Côte d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)." The IP will work to improve the quality and increase coverage of HIV/AIDS prevention and care services targeting highly vulnerable populations (HVP) in Côte d'Ivoire, including professional sex workers (SW), occasional and/or transactional sex workers, the regular partners of sex workers, men who have sex with men (MSM), and prisoners.

The goals of this project are to: reduce transmission of HIV and sexually transmitted infections (STI) in HVP through the provision of comprehensive prevention, care, and treatment services; improve the quality of care to HVP at existing service centers; increase the coverage of services to HVP throughout the country; reduce stigma and discrimination of HVP, including those infected or affected by HIV/AIDS; and build national capacity to implement and manage quality services for HVP. Project interventions are in the program areas of other sexual prevention, counseling and testing, adult care and support, and orphans and vulnerable children (OVC).

The IP will provide a minimum package of services to HVP consisting of: care and treatment of HIV/AIDS and STIs, counseling and testing (CT), prevention activities through behavior change communication (BCC) and peer education, condom distribution, community outreach, ARV services, and income generating activities. The IP will also provide technical assistance, training, supervision, and general program oversight to local NGOs in the planning, implementation, and monitoring of HIV/AIDS activities serving HVP. Through a system of subgranting, the IP will build the capacities of these local NGOs to design, implement, and manage activities, as well as to improve their organizational management to better coordinate financial and administrative management.

The IP will also provide technical assistance to various ministries, namely the Ministry of Health through the National Care and Treatment Program (PNPEC) in its adult care and support activities, and the National Program for Orphans and Vulnerable Children (PNOEV) under the Ministry of the Family, Women, and Social Affairs (MFFAS) for national OVC program coordination.

Monitoring and evaluation (M&E) is a key component in tracking progress and improving service delivery for HVP. In addition to routine M&E activities such as supervision, data collection, and service mapping, the IP will train subgrantees in using a standardized protocol for situation analyses in their area (including "hot spot" mapping of SW), assist national ministries in mapping service gaps and coverage, and conduct HVP research in areas such as population and/or mobility estimates, HIV-related knowledge and behavioral studies, seroprevalence, and service access to better inform service delivery and improve the quality of care.

In efforts to create and maintain sustainable systems, the IP will elaborate a sustainability plan in collaboration with subgrantees to ensure the continuation of activities targeting HVP after the end of the project period. This plan will address weaknesses in annual capacity assessments through interventions such as increased training, increased financial reinforcement, and increased technical assistance. Collaboration with ministries and national HVP working groups will also play a significant role in ensuring long-term practical strategic planning. The IP will work with these groups to put in place sustainable coordination and planning systems for addressing service delivery for high-risk populations such as SW, MSM, and prisoners. Best practice documents will be developed and delivered, thereby enhancing evidence-based programs and ensuring minimum standards in quality service delivery for HVP.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Family Planning

Budget Code Information

Mechanism ID:	**12412**

Mechanism Name:	TBD HVP FHI follow-on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

A new implementing partner (IP) will conduct a project entitled, "Support for HIV/AIDS activities serving highly vulnerable populations in Côte d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)." The IP will work to improve the quality and increase coverage of HIV/AIDS prevention and care services targeting highly vulnerable populations (HVP) in Côte d'Ivoire, including professional sex workers (SW), occasional and/or transactional sex workers, the regular partners of sex workers, men who have sex with men (MSM), and prisoners.

In FY10, the IP will conduct activities in two main axes of adult care and support: (1) implementation of palliative care (PC) interventions targeting HVP and (2) technical assistance to the National HIV/AIDS Care and Treatment Program (PNPEC) under the Ministry of Health, as well as to other PC collaborating partners.

More specifically, the IP will conduct the following key activities in FY10:

• Support the PNPEC and the Ministry of AIDS (MLS) to develop and disseminate to physicians and other related parties a document summarizing the essential aspects of current regulation on opioïds
• Support sub-grantees providing care to HVP, particularly in the area of STI drug procurement
• Provide coordination and coaching for HVP community-based activities at services sites, establishing appropriate linkages to care to ensure a minimum package of services
• Support a cervical cancer screening project for female SW
• Assist PC mobile units in providing peer education and on-site care to HVP

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

A new implementing partner (IP) will conduct a project entitled, "Support for HIV/AIDS activities serving highly vulnerable populations in Côte d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)." The IP will work to improve the quality and increase coverage of HIV/AIDS prevention and care services targeting highly vulnerable populations (HVP) in Côte d'Ivoire, including professional sex workers (SW), occasional and/or transactional sex workers, the regular partners of sex workers, men

who have sex with men (MSM), and prisoners.

In FY10, the IP will strengthen and expand HIV counseling and testing (CT) services targeting SW, including coverage of CT services through mobile units. The following key activities will be conducted by the IP in FY10:

• Support sub-grantees who provide CT services to HVP as a component of a minimum package of services
• Train service providers in interpersonal communication (IPC) to promote CT in service delivery settings, with a focus on family and couples testing
• Provide comprehensive care for those HVP testing seropositive, with appropriate linkages to treatment, testing for other STIs and opportunistic infections, psychosocial support, etc.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

A new implementing partner (IP) will conduct a project entitled, "Support for HIV/AIDS activities serving highly vulnerable populations in Côte d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)." The IP will work to improve the quality and increase coverage of HIV/AIDS prevention and care services targeting highly vulnerable populations (HVP) in Côte d'Ivoire, including professional sex workers (SW), occasional and/or transactional sex workers, the regular partners of sex workers, men who have sex with men (MSM), and prisoners.

With FY10 funds, the IP will provide technical and financial support to local NGOs for prevention activities. Activities such as condom education and distribution, as well as peer education and small group level interventions, will serve to strengthen prevention activities among these high risk groups in order to decrease HIV exposure. Quality assessment activities, technical audits, and supervision visits will continue for all prevention sites to evaluate quality and adherence to new behavior change communication (BCC) guidelines.

More specifically, the IP will conduct the following key activities in FY10:

• Provide support to sub-grantees conducting other prevention activities at HVP service sites
• Procure and distribute male and female condoms to HVP, along with appropriate education pertaining to correct and consistent condom use
• Conduct community-based BCC and HIV/AIDS prevention sensitization among SW and their partners

• Train community health workers to HIV/AIDS prevention to HVP

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12413	**Mechanism Name: TBD Logistics**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The TBD partner will support integration of logistics into the curricula of the national pharmacy and health professional training institutes, an important step toward strengthening national and decentralized capacity to plan, manage, and track procurement.

Cross-Cutting Budget Attribution(s)

Education	Redacted

Key Issues

TB

Budget Code Information

Mechanism ID:	**12413**		
Mechanism Name:	**TBD Logistics**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
The TBD partner will support integration of logistics into the curricula of the national pharmacy and health professional training institutes, an important step toward strengthening national and decentralized capacity to plan, manage, and track procurement.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12414	**Mechanism Name: TBD CT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A number of PEPFAR CI awards supporting subpartners providing direct HIV testing and counseling services will end in 2010, and follow-on awards are being competed. This TBD is intended to cover potential gaps in funding for these TC subpartners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12414**		
Mechanism Name:	**TBD CT**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
A number of PEPFAR CI awards supporting subpartners providing direct HIV testing and counseling services will end in 2010, and follow-on awards are being competed. This TBD is intended to cover potential gaps in funding for these TC subpartners.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12415	**Mechanism Name: TBD-PSI follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is intended to support a follow-on TBD partner to build on and expand PSI's HIV/AIDS prevention education and behavior change communication interventions targeting uniformed personnel (including military, ex-combatants, gendarmes, police, customs, Water and Forest agents) in all regions of Côte d'Ivoire. The follow-on program will also include outreach to other highly vulnerable populations (HVP), including transport workers, migrant workers, sex workers, and communities situated along highly traveled transport corridors. Prevention interventions for highly vulnerable populations will include: peer education and outreach interventions, condom promotion, education, and distribution, confidential HIV testing and counseling (TC), and diagnosis and treatment of sexually transmitted infections (STI). Through improving HIV awareness, promoting risk reduction, and increasing HIV testing uptake, the partner will continue to strengthen community mobilization, build human and organizational capacity, and improve community involvement in designing, implementing and monitoring HIV prevention through evidence-based interventions in the technical areas of sexual prevention (AB and OP), counseling and testing, and adult care and support.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Military Population

Budget Code Information

Mechanism ID:	**12415**
Mechanism Name:	**TBD-PSI follow-on**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

This mechanism is intended to support a follow-on TBD partner to build on and expand PSI's HIV/AIDS prevention education and behavior change communication interventions targeting uniformed personnel (including military, ex-combatants, gendarmes, police, customs, Water and Forest agents) in all regions of Côte d'Ivoire. The follow-on program will also include outreach to other highly vulnerable populations (HVP), including transport workers, migrant workers, sex workers, and communities situated along highly traveled transport corridors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

This mechanism is intended to support a follow-on TBD partner to build on and expand PSI's HIV/AIDS prevention education and behavior change communication interventions targeting uniformed personnel (including military, ex-combatants, gendarmes, police, customs, Water and Forest agents) in all regions of Côte d'Ivoire. The follow-on program will also include outreach to other highly vulnerable populations (HVP), including transport workers, migrant workers, sex workers, and communities situated along highly traveled transport corridors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

This mechanism is intended to support a follow-on TBD partner to build on and expand PSI's HIV/AIDS prevention education and behavior change communication interventions targeting uniformed personnel (including military, ex-combatants, gendarmes, police, customs, Water and Forest agents) in all regions of Côte d'Ivoire. The follow-on program will also include outreach to other highly vulnerable populations

(HVP), including transport workers, migrant workers, sex workers, and communities situated along highly traveled transport corridors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

This mechanism is intended to support a follow-on TBD partner to build on and expand PSI's HIV/AIDS prevention education and behavior change communication interventions targeting uniformed personnel (including military, ex-combatants, gendarmes, police, customs, Water and Forest agents) in all regions of Côte d'Ivoire. The follow-on program will also include outreach to other highly vulnerable populations (HVP), including transport workers, migrant workers, sex workers, and communities situated along highly traveled transport corridors.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12416	Mechanism Name: TBD (SIGVIH)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SIGVIH is an HIV patient-tracking system developed and used for more than 10 years by ACONDA, a PEPFAR Cote d'Ivoire care and treatment partner. Cote d'Ivoire has adopted this application as its

national tracking system for HIV care and support since 2006.

To date, PEPFAR care and treatment partners are deploying SIGVIH at more than 100 antiretroviral treatment (ART) sites, under the coordination of the Department of Information, Planning, and Evaluation (DIPE) within the Ministry of Health (MOH) and with the technical support of ACONDA, University of Bordeaux (ISPED), and Measure. In the past, support by ISPED consisted of analyzing data to follow major program outcomes and potential pitfalls. An ISPED computer network specialist supervised ACONDA data managers to strengthen their capacities in routine analysis. ISPED has developed a quarterly report system on data quality. ISPED and ACONDA are working closely with all national and international partners to improve and adapt the system's electronic software and M&E procedures.

With PEPFAR funding through the DIPE, the national health management information systems (HMIS) technical working group has assessed phases 1 and 2 of the deployment. In response to this assessment, PEPFAR asked ISPED to produce a Version 1.5 SIGVIH that will include a functioning pharmacy module. Funding was provided through ICAP-Columbia University. This version will be released in January 2010. It is anticipated that a Version 1.6 will be needed later in 2010, to be rolled out nationally to all ART sites. Plans are being made to develop a Web-based Version 2 in 2011. The objective is to create a single national health information system, in accordance with the "Three Ones" principle of one national M&E system.

With FY 2010 funds, a TBD partner will provide technical assistance to:

1) Assist electronic patient-monitoring system stakeholders (ACONDA, EGPAF, ICAP, MOH/DIPE, and Global Fund principal recipient Care International) to harmonize and install a central-level data-management system.
2) Ensure the technical governance and maintenance of the electronic patient-monitoring system.
3) Provide follow-up training of local data managers to develop local statistical capacities to analyze program outcomes.
4) Continue to monitor data quality through direct supervision and cross-matching of data. All data will be analyzed at each site in order to monitor progress, and results will be summarized in a monthly report.
5) Ensure continuing communication among stakeholders, including non-PEPFAR partners.
6) Produce and submit publications to peer-reviewed journals, in collaboration with the USG team.

To promote sustainability, the hiring of staff will be done in close collaboration with the MOH and other government decentralized entities (mayors, general counsels). Measure will recruit an IT/Informatics specialist to be posted at the DIPE starting in February 2010 to assure implementation of the SIGVIH and assure sustainability and national ownership of the product.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12416		
Mechanism Name:	TBD (SIGVIH)		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

SIGVIH is an HIV patient-tracking system developed and used for more than 10 years by ACONDA, a PEPFAR Cote d'Ivoire care and treatment partner. Cote d'Ivoire has adopted this application as its national tracking system for HIV care and support since 2006.

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released in January 2010. It is anticipated that a Version 1.6 will be needed later in 2010, to be rolled out nationally to all ART sites. Plans are being made to develop a Web-based Version 2 in 2011. The objective is to create a single national health information system, in accordance with the "Three Ones" principle of one national M&E system.

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1) Assist electronic patient-monitoring system stakeholders (ACONDA, EGPAF, ICAP, MOH/DIPE, and Global Fund principal recipient Care International) to harmonize and install a central-level data-management system.
2) Ensure the technical governance and maintenance of the electronic patient-monitoring system.
3) Provide follow-up training of local data managers to develop local statistical capacities to analyze program outcomes.
4) Continue to monitor data quality through direct supervision and cross-matching of data. All data will be analyzed at each site in order to monitor progress, and results will be summarized in a monthly report.
5) Ensure continuing communication among stakeholders, including non-PEPFAR partners.
6) Produce and submit publications to peer-reviewed journals, in collaboration with the USG team.

To promote sustainability, the hiring of staff will be done in close collaboration with the MOH and other government decentralized entities (mayors, general counsels). Measure will recruit an IT/Informatics specialist to be posted at the DIPE starting in February 2010 to assure implementation of the SIGVIH and assure sustainability and national ownership of the product.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12417	**Mechanism Name: JHU-CCP Communication 2008**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new mechanism is for a follow-on award for Johns Hopkins University Center for Communications Programs (Mechanism #9686), PEPFAR Cote d'Ivoire's main partner for communications since 2004. FY 2010 funding will be used to continue and improve FY 2009 behavior change communication (BCC) and technical assistance activities in support of national programs and PEPFAR implementing partners. As in previous years, funding is being requested in the HVAB, HVOP, HVCT, HTXS, and HKID budget codes. The only significant funding increase is requested in HVOP (see budget code narrative).

Cross-cutting budget attributions and key issues: JHU/CCP contributes to building human resources for health through training, including offering its internationally validated health communications course in Cote d'Ivoire. A number of JHU/CCP's continuing activities address social norms that contribute to vulnerability to HIV infection. Among these are the SuperGirls media and community outreach program, which targets girls and young women with health-protective information, advice, and role modeling; the African Transformation media and community outreach program, which targets young people with videos and small-group activities that challenge social norms regarding gender roles, intergenerational sex, communication among couples, etc.; communication, training, and advocacy to address alcohol as a risk factor for HIV and violence; and BCC and advocacy for involvement of men in PMTCT and other care and support activities. JHU/CCP is planning impact evaluations of its Sports for Life and African Transformation programs in 2010 and of its improvement of service quality and SuperGirls programs in 2011.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**12417**
Mechanism Name:	**JHU-CCP Communication 2008**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

This new mechanism is for a follow-on award for Johns Hopkins University Center for Communications Programs (Mechanism #9686), PEPFAR Cote d'Ivoire's main partner for communications since 2004. FY 2010 funding will be used to continue and improve FY 2009 behavior change communication (BCC) and technical assistance activities in support of national programs and PEPFAR implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

This new mechanism is for a follow-on award for Johns Hopkins University Center for Communications Programs (Mechanism #9686), PEPFAR Cote d'Ivoire's main partner for communications since 2004. FY 2010 funding will be used to continue and improve FY 2009 behavior change communication (BCC) and technical assistance activities in support of national programs and PEPFAR implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

This new mechanism is for a follow-on award for Johns Hopkins University Center for Communications Programs (Mechanism #9686), PEPFAR Cote d'Ivoire's main partner for communications since 2004. FY 2010 funding will be used to continue and improve FY 2009 behavior change communication (BCC) and technical assistance activities in support of national programs and PEPFAR implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:
This new mechanism is for a follow-on award for Johns Hopkins University Center for Communications Programs (Mechanism #9686), PEPFAR Cote d'Ivoire's main partner for communications since 2004. FY 2010 funding will be used to continue and improve FY 2009 behavior change communication (BCC) and technical assistance activities in support of national programs and PEPFAR implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:
In the HVOP budget code, JHU/CCP is being funded to continue and improve the quality of its FY 2009 communications and BCC activities and in addition to work with PEPFAR, the Ministry for the Fight Against AIDS (MLS), and the national highly vulnerable populations technical group to create and evaluate communications materials for MSM. The initial budget for MSM-specific materials in FY 2009 was funded minimally to allow initial work in coordination with a formative study on MSM in Abidjan. FY 2010 funding will support a more comprehensive response for MSM based on the results of that study and other ongoing work by PEPFAR partners FHI and Alliance, as well as the adaptation of existing materials for use in prevention education with prison guards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12418	Mechanism Name: TBD Vulnerable Women
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Transactional sex (exchange of sex primarily motivated by material gain) is one explanation for the large number of people living with HIV in Africa and for the disparity in the levels of HIV infection between men and women. This exchange of money or resources for sex often involves age mixing between older men and young women and/or multiple or concurrent partners. Transactional partnerships may particularly facilitate the rapid spread of HIV and other STIs when the sexual relations involve complex chains of interconnected partners that place an entire social network at risk. Transactional sexual relationships differ from those traditionally defined as commercial sex as well as from the material and monetary transfers to express affection or otherwise solidify and enhance affective dimensions of a relationship. HIV researchers, practitioners, and academicians have offered varied explanations for these relationships of sexual exchange (i.e. socioeconomic and power imbalances, opportunities to foster social mobility and economic security, social "safety net" and sustaining or enhancing social relationships). It remains unclear how these factors interrelate or vary depending on age, sex, or the cultural, economic, and environmental context.

To better understand the role of transactional sex in the transmission of HIV, CDC/PEPFAR began initial work developing a two-phase project with COP 2009 funding for prevention of sexual transmission, complementing strategic priorities developed through the Prevention of HIV among Persons Who Engage in High Risk Behavior (PHPEHRB) Headquarters Operation Plan (HOP). Phase 1 of the project aimed to leverage country-level engagement and implement a protocol to examine the social, sexual, economic, and environmental networks of women and men engaged in transactional partnerships; describe attitudes toward, motivations for, determinates of, and social relations of persons in these networks; and document the community context in which they operate. The assessment will examine the relations and interdependence of individuals with multiple network-based contexts and situations that influence the involvement in, occurrence or absence of transactional sex. In collaboration with CDC, experts in the areas of research on transactional sex, network analysis, qualitative research, and diffusion of health-related ideas and behaviors through informal networks are conducting the assessment and developing recommendations for intervention-related activities, messages, and modes and levels of delivery.

Based on the findings of the formative assessment, Phase 2 (beginning in 2010) will focus on the design, development, and pilot of an intervention (or module for potential inclusion in other ongoing prevention activities) to prevent transmission of HIV related to high-risk transactional sexual behavior. The activity will include both process and outcome monitoring to determine feasibility, acceptability, and effectiveness of the intervention and the revision of the intervention based on findings. In addition, an intervention

protocol manual, intervention materials and tools, and program monitoring and evaluation guidance and tools will be developed that can be disseminated for use in other contexts and settings. The intervention design and development of subsequent materials will consider the potential role or absence of other interventions; cultural, environmental, and epidemiologic factors; and policies.

The anticipated cost for Phase 2 is Redacted per year for two years. This will fund partners to implement the programmatic activities and participate in the program evaluation (Redacted per year). The designated implementer for Phase 2 (Redacted per year) will provide training and on-site support for piloting the intervention and will be responsible for process and outcome M&E activities and revision of intervention materials as needed. The anticipated period of performance of the implementer for Phase 2 is 24 months.

This activity supports the PEPFAR II legislative objectives of 1) developing evidence-based prevention strategies that are tailored to country and community needs, 2) targeting those most at risk and, in particular, addressing the heightened vulnerability of women and girls to HIV, and 3) facilitating the application and integration of operations research findings into prevention programming to support an effective national response by countries. This activity also aligns with the PHPEHRB TWG focus to strengthen programming and to ensure that rigorous assessment and studies become the basis for implementing prevention programs for most-at-risk populations.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12418**
Mechanism Name:	**TBD Vulnerable Women**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Transactional sex (exchange of sex primarily motivated by material gain) is one explanation for the large number of people living with HIV in Africa and for the disparity in the levels of HIV infection between men and women. This exchange of money or resources for sex often involves age mixing between older men and young women and/or multiple or concurrent partners. Transactional partnerships may particularly facilitate the rapid spread of HIV and other STIs when the sexual relations involve complex chains of interconnected partners that place an entire social network at risk. Transactional sexual relationships differ from those traditionally defined as commercial sex as well as from the material and monetary transfers to express affection or otherwise solidify and enhance affective dimensions of a relationship. HIV researchers, practitioners, and academicians have offered varied explanations for these relationships of sexual exchange (i.e. socioeconomic and power imbalances, opportunities to foster social mobility and economic security, social "safety net" and sustaining or enhancing social relationships). It remains unclear how these factors interrelate or vary depending on age, sex, or the cultural, economic, and environmental context.

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protocol manual, intervention materials and tools, and program monitoring and evaluation guidance and tools will be developed that can be disseminated for use in other contexts and settings. The intervention design and development of subsequent materials will consider the potential role or absence of other interventions; cultural, environmental, and epidemiologic factors; and policies.

The anticipated cost for Phase 2 is Redacted per year for two years. This will fund partners to implement the programmatic activities and participate in the program evaluation (Redacted per year). The designated implementer for Phase 2 (Redacted per year) will provide training and on-site support for piloting the intervention and will be responsible for process and outcome M&E activities and revision of intervention materials as needed. The anticipated period of performance of the implementer for Phase 2 is 24 months.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12419	**Mechanism Name: TBD-CDC AB-OVC FOA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NOTE: This funding may be divided among two or more partners, depending on results of the FOA competition.

A new implementing partner (IP) will conduct a project entitled, "Strengthening of HIV/AIDS prevention and care services among orphans and vulnerable children, youth, parents, and community leaders in Côte d'Ivoire." The IP will implement a parent-focused intervention, "Families Matter," with complementary youth focused prevention activities for children of ages 10 – 14 and 15 – 19 years old. This activity will also have a particular emphasis on addressing girls' vulnerability, and gender norms surrounding intergenerational and transactional relationships. Community-based youth activities will serve to strengthen the "Families Matter" intervention by creating a solid foundation for youth targeted prevention strategies. The IP will also provide sub-grants and technical assistance to strengthen organizations that provide support to orphans and vulnerable children (OVC) and their families, ensuring linkages to care and treatment as well as access to other social services.

"Families Matter" is an evidence-based intervention designed to promote positive parenting and effective parent-child communication about sexuality, delaying sexual debut, decision-making, and sexual risk reduction for children ages 9-12 years old. The "Families Matter" intervention recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behavior and communicate important information about HIV, sexually transmitted infections (STI), and pregnancy prevention. It is designed to give parents and caregivers specific information and build their confidence in speaking to their children about how to reduce risk. As parents and caregivers are in a unique position to influence the lives of their children, especially those infected or affected by HIV/AIDS, they can play a critical role in providing primary prevention messages through a family-centered approach, reinforcing prevention messages that they may already hear in school, at church, or from health care providers. As a result, these tools will aim to enhance protective parenting practices, overcome communication barriers, and promote parent-child discussions about sexuality. By fostering responsible sexual decision-making skills at an early age, youth will be empowered to adopt healthy lifestyles and reduce their risk of exposure.

Community-based youth activities will address HIV prevention, more specifically: myths and facts about HIV, HIV-related stigma reduction, delay in sexual debut, and risks associated with intergenerational and transactional sexual relations. The IP will use French versions of the "Families Matter" tools and will

implement the program activities adhering to the core strategies of the intervention design as one component of a comprehensive prevention strategy for youth. The IP will also utilize the Côte d'Ivoire National Abstinence Training Manual as well as other evidence-based materials to train and mobilize peer educators, community leaders, coaches, mentors, and others to address HIV prevention, with a particular focus on reducing female vulnerability.

The IP will also provide sub-grants and technical assistance to build the organizational and technical capacities of local CBO/FBOs to implement activities in their geographic coverage area. These activities will include behavior change communication (BCC), reproductive health education, and other appropriate evidence-based HIV prevention interventions. Comprehensive care and support services will be provided to OVC and their families, with improved links to HIV treatment, general medical care, and social services. In doing so, the IP will collaborate with the social center OVC platforms in their zones of intervention to minimize gaps and ensure harmonization of services. Priority geographic regions consist of those with the highest prevalence, such as the south and east; however, additional activities to ensure broader geographic coverage to the southwest, central, and northwest of the country will be implemented as funds permit. These sub-grants will be closely followed through monitoring and evaluation as well as supervision visits, in which there will be a progressive transfer of capacity for those CBO/FBOs which demonstrate superior managerial and technical abilities. Improvements in service quality over time, and the development and implementation of a sustainability plan will be influential in assessing organizational capacity.

The IP will work to build community involvement and strengthen local capacity to implement and monitor evidence-based HIV prevention interventions, including improving awareness, risk reduction, mobilization for HIV testing, and use of HIV care and treatment through a strong referral network to complementary services. The IP will participate in relevant national technical, coordination, and quality-assurance committees and in national processes to develop standardized approaches, plans, and tools for building organizational and human capacity.

Monitoring and evaluation of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Baseline data collection and analysis will better inform targeted service delivery and appropriate information systems. Surveillance will be designed to measure coverage, reach, and comprehension of mass media messaging. Periodic KAPB surveys will serve to review program activities and adjust them accordingly. The IP will ensure data availability and dissemination for policy and planning for youth prevention, parental engagement in HIV prevention, and OVC care and support interventions.

The IP will work in close collaboration with local social center OVC platforms to coordinate services. Other

stakeholders such as government ministries, Global Fund, the World Bank, and PEPFAR implementing partners will be involved in ensuring the harmonization and linkage to services at district, regional, and national levels.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities

Budget Code Information

Mechanism ID:	**12419**
Mechanism Name:	**TBD-CDC AB-OVC FOA**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

NOTE: This funding may be divided among two or more partners, depending on results of the FOA competition.

In FY10, a new implementing partner (IP) will conduct a project entitled, "Strengthening of HIV/AIDS prevention and care services among orphans and vulnerable children, youth, parents, and community

leaders in Côte d'Ivoire." Community-based youth activities will serve to strengthen the "Families Matter" intervention by creating a solid foundation for youth targeted prevention strategies. The IP will also provide sub-grants and technical assistance to strengthen organizations that provide support to orphans and vulnerable children (OVC) and their families, ensuring linkages to care and treatment as well as access to other social services.

The IP will work to build the organizational and technical capacities of local CBO/FBOs to implement activities in their geographic coverage area. These activities will include behavior change communication (BCC), reproductive health education, and other appropriate evidence-based HIV prevention interventions. Comprehensive care and support services will be provided to OVC and their families, with improved links to HIV treatment, general medical care, and social services. In doing so, the IP will collaborate with the social center OVC platforms in their zones of intervention to minimize gaps and ensure harmonization of services. Priority geographic regions consist of those with the highest prevalence, such as the south and east; however, additional activities to ensure broader geographic coverage to the southwest, central, and northwest of the country will be implemented as funds permit.

The IP will implement the following key activities in FY10:

• Support a range of family-focused care and support activities for OVC and their families, including linkages with testing and treatment sites, participation in local referral networks through OVC coordination platforms, referrals to psychosocial support groups, provision of home-based care, cotrimoxazole, impregnated bed nets prioritizing pregnant women and children under the age of 5, nutrition assessment and counseling, food support in the case of malnutrition, hygiene education, support for discordant couples within families of OVC, and other direct services in the areas of education, training, housing, legal services, socioeconomic support, and nutrition
• Train providers/caregivers in caring for OVC (at least 600 individuals trained by the end of year 5)
• Develop and implement appropriate economic strengthening and nutritional support interventions (such as income generating activities, vocational training, savings and loan groups, etc.) for OVC and their families based on situational analyses using validated, evidence-based approaches
• Collaborate with local social center OVC platforms, government ministries, Global Fund, the World Bank, and PEPFAR implementing partners to coordinate strategies, ensure harmonization, and create linkages to district, regional, and national level OVC services
• Participate in national processes of validating OVC identification and assessment tools (i.e., child status index) to maximize program reach

Sub-grantees will be closely followed through monitoring and evaluation as well as supervision visits, in which there will be a progressive transfer of capacity for those CBO/FBOs which demonstrate superior

managerial and technical abilities. Improvements in service quality over time, and the development and implementation of a sustainability plan will be influential in assessing organizational capacity.

Monitoring and evaluation of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Baseline data collection and analysis will better inform targeted service delivery and appropriate information systems. Surveillance will be designed to measure coverage, reach, and quality of services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

NOTE: This funding may be divided among two or more partners, depending on results of the FOA competition.

In FY10, the new implementing partner (IP) will conduct a project entitled, "Strengthening of HIV/AIDS prevention and care services among orphans and vulnerable children, youth, parents, and community leaders in Côte d'Ivoire." The IP will implement a parent-focused intervention, "Families Matter," with complementary youth focused prevention activities for children of ages 10 – 14 and 15 – 19 years old.

"Families Matter" is an evidence-based intervention designed to promote positive parenting and effective parent-child communication about sexuality, delaying sexual debut, decision-making, and sexual risk reduction for children ages 9-12 years old. It is designed to give parents and caregivers specific information and build their confidence in speaking to their children about how to reduce the risk of becoming infected with HIV, other STIs, or becoming pregnant. This activity will also have a particular emphasis on addressing girls' vulnerability, and gender norms surrounding intergenerational and transactional relationships.

Community-based youth activities addressing HIV prevention will be implemented in FY10. More specifically, the IP will conduct the following activities:

• Implement interventions addressing myths and facts about HIV, HIV-related stigma reduction, delay in sexual debut, and risks associated with intergenerational and transactional sexual relations
• Collaborate with local radio stations and networks, listening groups, and other community-based activities involving key spokespeople (such as health-care providers, teachers, and religious, traditional, youth, and community leaders) to conduct community AB behavior change communication, with an emphasis on female involvement

• Conduct individual and small group interventions focused on HIV prevention through abstinence and being faithful (reaching at least 100,000 individuals over 5 years) • Conduct individual and small group interventions focused on HIV prevention through abstinence and delay of sexual debut (reaching at least 50,000 individuals over 5 years) • Train community health workers, social workers, and counselors in AB interventions (600 trained over 5 years) • Implement "Families Matter" interventions using French version tools, adhering to the core strategies of the intervention design as one component of a comprehensive prevention strategy for youth • Utilize the Côte d'Ivoire National Abstinence Training Manual as well as other evidence-based materials to train and mobilize peer educators, community leaders, coaches, mentors, and others to address HIV prevention, with a particular focus on reducing female vulnerability Monitoring and evaluation of all interventions, including baseline and impact assessments, will be essential in measuring the success of these activities. Surveillance will be designed to measure coverage, reach, and comprehension of mass media messaging. Periodic KAPB surveys will serve to review program activities and adjust them accordingly. The IP will ensure data availability and dissemination for policy and planning for youth prevention and parental engagement in HIV prevention.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12420	**Mechanism Name: TBD (OVC)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A number of PEPFAR CI awards supporting subpartners providing direct OVC services will end in 2010, and follow-on awards are being sought. This TBD is intended to cover potential gaps in funding for affected OVC subpartners.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12420**		
Mechanism Name:	**TBD (OVC)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
A number of PEPFAR CI awards supporting subpartners providing direct OVC services will end in 2010, and follow-on awards are being sought. This TBD is intended to cover potential gaps in funding for affected OVC subpartners.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12421	**Mechanism Name: Global fund technical**

	support Tasc order
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD mechanism is intended to provide technical assistance to build the capacity of the Cote d'Ivoire Country Coordinating Mechanism (CCM) and the National HIV/AIDS Council (CNLS) in the areas of leadership and management, monitoring and evaluation, proposal development, and resource mobilization.

By strengthening the CCM and the CNLS in these areas, the partner will help create more stable, transparent, and efficient national structures capable of winning and managing increased levels of Global Fund and other donor funding. Capacity building will also help strengthen the project management and monitoring capacities of principal recipients (PRs) and sub-recipients. To contribute to sustainable capacity building, the partner will continue and extend a digital program using a combination of CD-ROM, Web-based tools, and a facilitator guide to allow for ongoing training for future CCM and CNLS members and other stakeholders on governance and transparency..

A baseline qualitative assessment of the CCM in 2007 revealed poor understanding among members of the five functions of a CCM; little harmonization of the Global Fund grants with other donor support or with a formal gap analysis; confusion over the proposal development process; few oversight activities; confusion between the CCM and the PRs; and minimal transparency with little circulation of information between the Executive Committee and other CCM members.

With PEPFAR support through the Leadership, Management and Sustainability (LMS) program conducted by Management Sciences for Health (MSH), considerable progress was made, including

establishing clear by-laws, establishing four oversight committees within the CCM, and taking steps to secure public not-for-profit status of the CCM. The process culminated in the transparent election of a new CCM president and members in February 2008. The Cote d'Ivoire CCM is now recognized by the Global Fund as being compliant with its guidelines and is recognized locally as more effectively fulfilling its role. Round 9 HIV/AIDS and tuberculosis proposals developed and submitted with the leadership of this new CCM were recently accepted.

With FY 2009 funding, the LMS program has provided additional support for the structural reform of the CCM and the Secretariat as well as capacity building in governance, leadership and management, general oversight, monitoring and evaluation, and constituency communications. The LMS program will also provide some capacity building support to the PRs to increase transparency and communications among Global Fund entities. The development of a Round 10 HIV/AIDS grant proposal and initial gap analysis are also priority activities of the LMS technical assistance for this year.

With the MSH mechanism ending, a TBD partner will use FY 2010 funding to continue support for the CCM and to help clarify the roles and responsibilities of the CNLS, with the goal of enabling both structures to fulfill their critical functions and be effective players in rallying all sectors to combat HIV/AIDS, malaria, and TB.

Key expected outcomes of this support will include:

• The CCM, Executive Committee, and Proposal Development Committee have strengthened capacity to develop high-quality, multi-sector proposals in HIV/AIDS for submission to the Global Fund.
• The CCM and CCM Secretariat have strengthened capacity for governance, oversight, and monitoring of the implementation of Global Fund grants.
• The PR and sub-recipients have strengthened capacity in program implementation, monitoring and evaluation, and reporting to the CCM.
• Leadership and management training enable the PRs to better implement and report on their Global Fund projects.
• The CNLS and CNLS Executive Committee have strengthened capacity for governance, oversight, and monitoring of the implementation of all Cote d'Ivoire HIV/AIDS activities.
• The CNLS and CNLS Executive Committee have strengthened leadership and management skills

Key activities will include:
• Organizational/structural assessments and procedures review and development
• Leadership and management training
• Proposal development support

• Policy document review and update
• Monitoring and evaluation capacity building, including conducting the MESST (monitoring and evaluation system strengthening tool) assessment for HIV/AIDS, TB, and malaria
• Resource mobilization and communications support
• Development of digital orientation programs and training of a core team of local consultants to offer them
• Collaboration with the universities of Cote d'Ivoire to develop expertise in leadership, management, and governance capacity building in-country

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Malaria (PMI)
TB

Budget Code Information

Mechanism ID:	**12421**
Mechanism Name:	**Global fund technical support Tasc order**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

This TBD mechanism is intended to provide technical assistance to build the capacity of the Cote d'Ivoire Country Coordinating Mechanism (CCM) and the National HIV/AIDS Council (CNLS) in the areas of leadership and management, monitoring and evaluation, proposal development, and resource mobilization.

By strengthening the CCM and the CNLS in these areas, the partner will help create more stable, transparent, and efficient national structures capable of winning and managing increased levels of Global

Fund and other donor funding. Capacity building will also help strengthen the project management and monitoring capacities of principal recipients (PRs) and sub-recipients. To contribute to sustainable capacity building, the partner will continue and extend a digital program using a combination of CD-ROM, Web-based tools, and a facilitator guide to allow for ongoing training for future CCM and CNLS members and other stakeholders on governance and transparency..

A baseline qualitative assessment of the CCM in 2007 revealed poor understanding among members of the five functions of a CCM; little harmonization of the Global Fund grants with other donor support or with a formal gap analysis; confusion over the proposal development process; few oversight activities; confusion between the CCM and the PRs; and minimal transparency with little circulation of information between the Executive Committee and other CCM members.

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Key expected outcomes of this support will include:

• The CCM, Executive Committee, and Proposal Development Committee have strengthened capacity to develop high-quality, multi-sector proposals in HIV/AIDS for submission to the Global Fund.

• The CCM and CCM Secretariat have strengthened capacity for governance, oversight, and monitoring of the implementation of Global Fund grants. • The PR and sub-recipients have strengthened capacity in program implementation, monitoring and evaluation, and reporting to the CCM. • Leadership and management training enable the PRs to better implement and report on their Global Fund projects. • The CNLS and CNLS Executive Committee have strengthened capacity for governance, oversight, and monitoring of the implementation of all Cote d'Ivoire HIV/AIDS activities. • The CNLS and CNLS Executive Committee have strengthened leadership and management skills Key activities will include: • Organizational/structural assessments and procedures review and development • Leadership and management training • Proposal development support • Policy document review and update • Monitoring and evaluation capacity building, including conducting the MESST (monitoring and evaluation system strengthening tool) assessment for HIV/AIDS, TB, and malaria • Resource mobilization and communications support • Development of digital orientation programs and training of a core team of local consultants to offer them • Collaboration with the universities of Cote d'Ivoire to develop expertise in leadership, management, and governance capacity building in-country

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12422	**Mechanism Name: TBD AVSI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new mechanism is for a follow-on award for AVSI (Mechanism #9673), which provides direct OVC care and support services as well as technical and organizational capacity building for local subpartners and government social centers managing OVC "platforms" in Abidjan and Bouake. Gradual expansion (about two additional social centers and subpartners per year) is foreseen, but no significant change in scope is planned. As in previous years, funding is being requested in the HKID budget code. AVSI's activities are expected to provide care and supported for at least 10,000 OVC by September 2011.

AVSI's activities contribute to the key issue of child survival through support for health care and vaccinations, as well as for health and hygiene education activities. AVSI's activities contribute to the key issues of gender equity and increasing women's access to income and productive resources by making girls and women priority target populations for its OVC care and support activities, including income generation activities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Commodities	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**12422**		
Mechanism Name:	**TBD AVSI**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

This new mechanism is for a follow-on award for AVSI (Mechanism #9673), which provides direct OVC care and support services as well as technical and organizational capacity building for local subpartners and government social centers managing OVC "platforms" in Abidjan and Bouake. Gradual expansion (about two additional social centers and subpartners per year) is foreseen, but no significant change in scope is planned. As in previous years, funding is being requested in the HKID budget code. AVSI's activities are expected to provide care and supported for at least 10,000 OVC by September 2011.

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Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12423	**Mechanism Name: TBD-MFFAS-PNOEV**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD mechanism is for a follow-on non-competitive CDC cooperative agreement with the Ministry of Family, Women, and Social Affairs (MFFAS) of Côte d'Ivoire (Mechanism #9650), which is responsible for planning, coordinating, monitoring, and evaluating care and support services for orphans and vulnerable children due to HIV/AIDS (OVC) through its National OVC Program (PNOEV), with support from the national technical advisory group on OVC (CEROS-EV). Over the past five years, the PNOEV has developed a multi-sector strategy built around social centers aimed at supporting OVC within family units and communities. PEPFAR funds have contributed to this effort by strengthening the capacities of the PNOEV and social centers. With financial and technical support from PEPFAR and technical support from Measure/Evaluation and FHI, the PNOEV has improved its monitoring and evaluation system by updating harmonized data collection tools, including the Child Status Index (CSI) and the elaboration of an OVC database at peripheral and central levels. It has also emphasized capacity building for social workers and community caregivers as well as community mobilization and advocacy for holistic OVC care and protection. Through these interventions, the PNOEV has coordinated care for 63,000 OVC (50,000 supported by PEPFAR), training for 2,000 social workers and caregivers, and support for 148 community-based organizations and 28 platforms since its inception.

Based on an assessment of a pilot in San Pedro, a restructured social center model (IRIS) was scaled up to 15 other sites (Abobo, Yopougon, Koumassi, Abengourou, Bondoukou, Korhogo, Dabakala, Gagnoa, Dimbokro, Daloa, Man, Bouaké, Agboville, Bouna, and Yamoussoukro). This decentralized and integrated coordination model provides a good referral system in support of a continuum of care for OVC and their families. In addition, the PNOEV and its partners developed an integrated strategy for empowering women and addressing other gender issues, including the vulnerability of adolescent female OVC, and conducted a study to better understand factors contributing to vulnerability.

To better coordinate the national response, the PNOEV has developed a collaboration framework with technical ministries (Education, Vocational and Technical Training, Sports and Youth, Justice) and NGOs to address the educational needs of OVC ages 16-18. In collaboration with MFFAS technical units (including the Direction of Family Promotion and Socio-Economic Activities (DPFASE), Social Protection (DPS), Gender (DPEG), Documentation and Planning (DPD), and Disabled People (DPPH)), the PNOEV

has developed a national guide for income-generating activities (IGA) for vulnerable people, including OVC and their families. The PNOEV is also establishing close working relationships with the Direction of Social Protection, which is responsible for OVC due to causes other than HIV, in order to maximize synergies between the two programs. To address gender issues, the PNOEV is developing strong links with the Direction of Gender Promotion and supporting ongoing reflections on gender issues in HIV/AIDS committees.

Advocacy to reduce discrimination and stigma toward OVC will be strengthened through promotion of individual behavior and social change communication and continuation of the media campaign advocating for human rights of vulnerable children, in accordance with the National OVC Strategic Plan. Johns Hopkins Center for Communication Programs and UNICEF are assisting this effort, and strategies include working through community support groups; rapid and cost-effective coverage in sites by deploying community animators using a coordinated team of local taxies with posters, sound systems and other materials; and targeting a variety of subgroups (chiefs, elders, parent substitutes, women's and youth associations, religious leaders, etc.) to strengthen community dialogue. In these sessions, a particular emphasis will be placed on the importance of registering children for official documents, the reduction of intergenerational and transactional sex, male norms, exploitation and abuse of vulnerable children, equitable access to girls' and boys' education, and the importance of women's and children's inheritance rights. The PNOEV will emphasize the promotion of children's rights and the effective participation and leadership of children in OVC activities. The PNOEV will advocate with the Ministry of Justice to facilitate access to legal support for women and children in the case of rights abuses.

To improve the quality of OVC care, in 2008 and 2009 standards for the quality of services regarding nutrition, health, education, psychosocial support, shelter, protection and economic strengthening support were developed with the assistance of URC, and technical and financial support from PEPFAR. In 2010, an intensive pilot in four sites (San Pedro, Bouake, Yamoussoukro, and Yopougon) will continue and be evaluated to inform the scale-up strategy, adaptation of national monitoring tools and refine practices related to implementing the standards. In order to involve all social workers and community caregivers in OVC care, the PNOEV will collaborate with SSDS and JHPIEGO to evaluate and support use of OVC modules that were integrated in the training curricula of health and social workers schools (INFS, INJS, INIPA, and INFAS) in 2008 and 2009. In addition, with support from PATH and AED/FANTA 2, existing training modules will be updated based on a new OVC nutritional care manual, and national OVC trainers will be trained in nutritional care and support.

With technical support from PEPFAR and Measure Evaluation, the PNOEV will work to improve the national M&E system, including working with UNICEF and other partners intervening in OVC care to compile quality data for the national OVC database. The PNOEV will develop a data quality-assurance

strategy that will seek to provide OVC partners with the information they need for decision-making and will include partner capacity building for quality assurance regarding both services and data, with post-training coaching and monitoring to ensure expected results. Adapted national monitoring and assessment tools integrating the Child Status Index are being tested to determine their feasibility in providing data to analyze quality of services delivered and outcomes for individual children. PNOEV and other ministry staff, along with M&E focal points of social centers, community organizations, and partner organizations, will continue to benefit from capacity building and technical assistance in M&E, with support from PEPFAR, the Ministry of Health division of information, planning and evaluation, and Measure Evaluation (including for the elaboration of the OVC database and GIS mapping at central and decentralized levels).

Activities contribute to the key issues of child survival, through health, nutritional, social, and educational monitoring and support of infants and children by government social centers; family planning, through FP counseling during individual and group sessions at the social centers; increasing women's legal rights and protection, through promotion of the rights of OVC and their families, with an emphasis on girls and women; increasing gender equity, by working to improve access to basic social services for girls and the disabled, in collaboration with the Direction of Promotion of Gender Equity (DEPG); and increasing women's access to income and productive resources, through advocacy for income generating activities for OVC families and their communities, particularly women's associations.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
Military Population
Family Planning

Budget Code Information

Mechanism ID:	**12423**
Mechanism Name:	**TBD-MFFAS-PNOEV**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

The National Program for Orphans and Vulnerable Children (PNOEV), under the Ministry of Family, Women, and Social Affairs (MFFAS), is responsible for planning, coordinating, monitoring, and evaluating care and support services for orphans and vulnerable children due to HIV/AIDS (OVC) in Côte d'Ivoire. HIV prevention activities are included as part of the package of health and psycho-social support services available for OVC. In FY 2010, the USG team is adding prevention of sexual transmission funding to help the PNOEV to 1) engage parents to reinforce HIV prevention outcomes and 2) respond to the needs of victims of violence who access services through MFFAS social centers. The PNOEV will continue to participate with other ministries and partners in promoting abstinence and life skills for children ages 10-14, as well as integrating HIV prevention with sexual reproductive health and life skills among older adolescents.

In FY 2010, AB prevention strategies will be implemented through the following key activities:

• Coordinate capacity building interventions for 300 parents and guardians of OVC through the Families Matter program, which will serve to improve communication between parents and children.
• Integrate HIV prevention information and counseling with existing ministry needs assessment tools and include referral for post-exposure prophylaxis for victims of sexual violence through social centers and through centers of specialized social services and education that provide more advanced services.
• Coordinate to ensure complementary geographic coverage and a national approach to training service providers in social centers and socio-educative centers to implement new integrated HIV prevention, counseling, and referral services.

In implementing these strategies, the PNOEV will work in collaboration with other divisions within MFFAS, the Ministry of AIDS (MLS), the Ministry of National Education (MEN), the Ministry of Health and

Public Hygiene (MSHP) through the National HIV/AIDS Care and Treatment Program (PNPEC), the Ministry of Youth and Sports (MJS), UNFPA, UNICEF, and other PEPFAR technical partners strengthening or implementing HIV prevention with vulnerable male and female youth and parents.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12424	**Mechanism Name: New MOH-CNTS CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD mechanism is to support a non-competitive CDC follow-on award for the National Blood Transfusion Service (NBTS, Mechanism #9653), part of the Ministry of Health and Public Hygiene (MSHP) of Côte d'Ivoire. The NBTS is responsible for recruiting and retaining blood donors and for collecting, testing, processing, storing, and distributing blood nationwide. The NBTS also coordinates training for donor recruiters and clinicians who prescribe blood. PEPFAR-supported program activities of the NBTS are designed to increase the supply of safe blood to meet national demand, build local capacity, and contribute to the prevention of HIV infections. Key emphasis areas are training, infrastructure, quality assurance, community mobilization, policies, and guidelines. Target populations are host country government workers, health care providers, low-risk communities, and the general population.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12424**
Mechanism Name:	**New MOH-CNTS CoAg**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted

Narrative:

Funding is intended to support the National Blood Transfusion Service (NBTS, Mechanism #9653), part of the Ministry of Health and Public Hygiene (MSHP) of Côte d'Ivoire. The NBTS is responsible for recruiting and retaining blood donors and for collecting, testing, processing, storing, and distributing blood nationwide. The NBTS also coordinates training for donor recruiters and clinicians who prescribe blood. PEPFAR-supported program activities of the NBTS are designed to increase the supply of safe blood to meet national demand, build local capacity, and contribute to the prevention of HIV infections. Key emphasis areas are training, infrastructure, quality assurance, community mobilization, policies, and guidelines. Target populations are host country government workers, health care providers, low-risk communities, and the general population.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12425	**Mechanism Name: TBD-MSHP**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Cote d'Ivoire Ministry of Health's current sole-source CDC cooperative agreement (Mechanism #9652) ends in 2010. This TBD mechanism is for a sole-source follow-on award to the MOH to continue and build on planning, coordination, and monitoring and evaluation activities supported in previous years. Overall funding is not increasing from FY 2009; the exception is in the HVTB budget code, where a narrative is provided.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Human Resources for Health	Redacted

Key Issues

Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12425**
Mechanism Name:	**TBD-MSHP**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Despite setbacks due to the political-military crisis, with TB sites initially closed in the North and West, the National TB Program (PNLT) of the Ministry of Health (MOH) continues to decentralize TB diagnostic and treatment services, with support from the Global Fund (rounds 3 and 6), the Global Drug Facility, and PEPFAR. The PNLT plans to increase from 96 to 110 the number of health facilities nationwide with the capacity to diagnose and treat TB cases using the DOTS strategy.

With USG funding, the PNLT has taken the lead in the response to TB/HIV co-infection, along with the National HIV/AIDS Care and Treatment Program (PNPEC) and the Institut Pasteur of Côte d'Ivoire. The PNLT's response to the TB/HIV epidemic is focused on policies and guidelines promoting the development of a TB/HIV collaborative framework, improvement in diagnosis of TB among people living with HIV/AIDS (PLWHA), provision of routine HIV testing and counseling (TC) of TB patients, and integration of HIV care and support in all TB clinics.
The PNLT coordinates long-term technical assistance from the USG/CDC, International Union Against Tuberculosis and Lung Disease (IUATLD), WHO, FIND/UNITAID, PEPFAR implementing partners, and other experts to promote a synergistic approach to strengthening diagnosis and care of TB and of HIV/TB co-infection.

With PEPFAR support, the TB program is implementing routine provider-initiated opt-out HIV testing and counseling (PITC). The program is also training health care workers in monitoring and management of TB/HIV co-infection. In coordination with the National HIV Care and Treatment Program (PNPEC), PEPFAR-funded cotrimoxazole and ART are available in 93 TB diagnostic and treatment centers (September 2009), with links to HIV treatment sites following completion of TB treatment. The USG is supporting free "opt-out" testing programs at all 11 national TB specialist centers and 82 integrated TB diagnostic and treatment centers (17 other TB care and treatment sites still need to implement routine PITC), resulting in HIV testing of 15,150 TB patients and identification of 4,848 TB patients co-infected with HIV in 2008. PEPFAR-supported sites are on track to provide HIV tests and results to at least 19,200 TB patients with FY 2009 funds.
The number of sputum smear microscopy centers will be increased from 116 (September 2009) to 120 centers by September 2010.

Through PEPFAR partners, the PNLT is also expanding TB screening at HIV care clinics, and wraparound linkages have been created with the World Food Program to provide nutritional assistance to TB/HIV co-infected patients. With the support of the USG and implementing partners, the PNLT is working to make the referral system more efficient and the tracking of patients more accurate. During FY 2009, the PNLT continued the integration of a clinical TB symptom screening questionnaire at all HIV clinics. The PNLT and PEPFAR partners are also piloting the integration of TB diagnosis and treatment in

10 HIV care and treatment sites. The strategy is to supply the selected HIV sites with materials to collect sputum samples on suspected TB patients, to transfer those samples to nearby TB centers for diagnosis, and then to offer on-site TB treatment when appropriate. This strategy aims to increase TB diagnosis and treatment among HIV patients by reducing loss to follow-up between TB and ART sites.

The PNLT is working to improve TB diagnosis capabilities by strengthening the capacities of TB reference centers to perform TB culture using liquid media. In FY 2009, the USG supported improved smear microscopy through adaptation and roll-out of the CDC/WHO smear microscopy training package and support for increased use of fluorescent LED microscopy (with maintenance of both existing and new microscopes) as part of an effort to increase TB case finding. The USG also continued to support the PNLT to improve the quality of sputum smear microscopy through external quality assessment by blinded rechecking. Newly renovated labs at the Institut Pasteur and CeDReS are awaiting equipment installation. In addition, six TB diagnosis and treatment centers (the CATs Abobo, Koumassi, Bouaké, San Pedro, and Daloa and the CDT Bouaflé) were renovated with USG support.

To improve TB infection control, the PNLT developed a draft infection control policy and guidelines, to be validated and piloted in 20 sites in 2010. To improve coordination of TB/HIV activities, the PNLT created a national TB/HIV joint committee with TB and HIV program partners, which conducts quarterly meetings to assess progress and improve implementation of TB/HIV activities.

Implementing partners are working with the PNLT and other programs to integrate HIV indicators within the national health system and at specialized TB centers and integrated peripheral sites, and job aids and training tools for counselors and other professionals are being adapted.

With FY 2010 funding, the PNLT will work to:

1. Expand coverage and improve uptake and quality of HIV testing among TB patients and TB diagnosis among HIV-infected patients. With PEPFAR support, the PNLT aims to integrate HIV testing, care and treatment in 17 more TB centers, for a total of 110 supported TB/HIV sites. PEPFAR will directly support the PNLT in training health care workers at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation. PEPFAR will support the PNLT in scaling up the routine opt-out PITC strategy at all TB clinics, with a target of HIV testing for 80% of TB patients (approximately 20,000) by September 2010 and an ultimate goal of 100% (about 25,000). An emphasis will be put on strengthening TB diagnosis among children under 5.

USG partners will continue to work with the PNLT to incorporate a clinical TB symptom screening tool into the national HIV patient encounter form, to be used at registration and at each follow-up visit for

intensified TB case finding among HIV-infected patients. The PNLT will continue to pursue improvement of the quality of sputum smear microscopy at central, regional, and district health centers by strengthening the quality-assurance system through external quality assessment and on-site supervision. To improve accuracy and speed of TB smear microscopy, fluorescent LED microscopy will be introduced and supported at 15-20 sites in FY 2010.

The PNLT will also use USG support to continue development and decentralization of rapid TB liquid culture capability using MGIT technology to strengthen intensified TB case finding among HIV-infected persons, diagnosis of smear-negative TB, and culture and drug susceptibility testing for TB cases failing primary treatment. USG support will also facilitate the continued development, with financial and technical support from FIND and UNITAID, of molecular diagnostic capacity (at IPCI-Cocody, CeDreS, and RetroCI, and later at CAT Adjame) for TB diagnosis and drug susceptibility testing of smear-positive specimens. Referral of specimens to the central laboratories will be facilitated by continued development and strengthening of a TB laboratory network and specimen transport system that will support all TB diagnostic and treatment centers.

In support of improved TB diagnostic imaging, the PNLT will coordinate a pilot to introduce digital chest X-ray imaging capacity (with improved image capability, computer-assisted interpretation, improved external quality control via computer and expert remote radiographic interpretation of images transferred across the cell phone network, and elimination of the need for continued procurement of X-ray film) at the largest TB treatment center (CAT Adjame) and will pilot a mobile digital chest X-ray system to serve five to 10 TB/HIV treatment centers on a regular basis.

2. Improve infection control. The PNLT will implement stronger infection control measures (including renovation and training) in 20 pilot sites and equip CATs with X-ray rooms and some TB center labs with air extractors and masks.

3. Improve policy development and strengthen monitoring and evaluation of joint TB/HIV activities. National TB recording and reporting tools revised by the PNTL to include HIV variables will be used by all PEPFAR-supported sites for TB/HIV surveillance. The Electronic TB Register (ETR.net) will be piloted in selected TB centers. The USG will also support the PNLT and the National HIV/AIDS Care and Treatment Program (PNPEC) to implement an updated national TB infection-control policy at all TB and HIV care and treatment sites in an effort to minimize nosocomial infections. With technical assistance from implementing partners, the PNLT will work to incorporate relevant approaches into national policies and guidelines. The USG team will work with the PNLT and PNPEC to develop a national policy related to isoniazide preventive therapy (IPT) and will support its implementation.

4. Strengthen coordination and sustainability of joint TB/HIV activities. The PNLT will work to reinforce activities of the new national TB/HIV joint committee and to create decentralized joint TB/HIV collaborative committees at the district level with joint TB/HIV supervision plans.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12426	**Mechanism Name: TBD-Save**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This new mechanism is intended for a follow-on award for Save the Children UK (Mechanism #9642), which provides direct OVC care and support services as well as technical and organizational capacity building for local NGOs in western Cote d'Ivoire. Geographic expansion is a possibility, depending in part on Save the Children UK's merger with Save the Children Sweden, planned for 2010, but no significant change in scope in planned. As in previous years, funding is being requested in the HKID budget code. Save's activities are expected to provide care and supported for at least 9,500 OVC by September 2011.

Save the Children contributes to the key issue of child survival through synergies with its health and child protection programs, as well as health-care, vaccination, and protection activities that are part of its PEPFAR-funded program. Save contributes to the key issues of gender equity, addressing male norms, and increasing women's legal rights and protection through an emphasis on addressing girls' vulnerabilities, girls' and women's legal rights, protection against gender-based violence, and gender-

sensitive approaches to HIV prevention and life skills.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Human Resources for Health	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

Mechanism ID:	**12426**		
Mechanism Name:	**TBD-Save**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

This new mechanism is for a follow-on award for Save the Children UK (Mechanism #9642), which provides direct OVC care and support services as well as technical and organizational capacity building for local NGOs in western Cote d'Ivoire. Geographic expansion is a possibility, depending in part on Save the Children UK's merger with Save the Children Sweden, planned for 2010, but no significant change in scope in planned. As in previous years, funding is being requested in the HKID budget code. Save's activities are expected to provide care and supported for at least 9,500 OVC by September 2011.

Save the Children contributes to the key issue of child survival through synergies with its health and child protection programs, as well as health-care, vaccination, and protection activities that are part of its PEPFAR-funded program. Save contributes to the key issues of gender equity, addressing male norms,

and increasing women's legal rights and protection through an emphasis on addressing girls' vulnerabilities, girls' and women's legal rights, protection against gender-based violence, and gender-sensitive approaches to HIV prevention and life skills.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12427	**Mechanism Name: GDG-A-00-03- 00006-00 (EQUIP 1)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: American Institute of Research	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Carryover mechanism, same as 2009.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				225,000		225,000
Institutional Contractors				1,286,743		1,286,743
Non-ICASS Administrative Costs				5,000		5,000
Staff Program Travel				120,104		120,104
USG Staff Salaries and Benefits				1,068,153		1,068,153
Total	**0**	**0**	**0**	**2,705,000**	**0**	**2,705,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		225,000
Non-ICASS		GHCS (State)		5,000

Administrative Costs				

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				800,000		800,000
Computers/IT Services				400,000		400,000
ICASS				2,600,000		2,600,000
Management Meetings/Professional Developement				373,590		373,590
Non-ICASS Administrative Costs				930,817		930,817
Staff Program Travel				455,000		455,000
USG Staff Salaries and Benefits			5,153,000	12,307		5,165,307
Total	**0**	**0**	**5,153,000**	**5,571,714**	**0**	**10,724,714**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		800,000
Computers/IT Services		GHCS (State)		400,000

ICASS		GHCS (State)		2,600,000
Management Meetings/Professional Developement		GHCS (State)		373,590
Non-ICASS Administrative Costs		GHCS (State)		930,817